

UK Study of Abuse and Neglect of Older People *Prevalence Survey Report*

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Madeleine O'Keeffe,¹ Amy Hills,¹ Melanie Doyle,¹ Claudine McCreadie,²
Shaun Scholes,¹ Rebecca Constantine,¹ Anthea Tinker,² Jill Manthorpe,²
Simon Biggs,² Bob Erens¹

¹ National Centre for Social Research

² King's College London

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Summary of key findings

Introduction

- The UK Study of Abuse and Neglect of Older People, carried out by the National Centre for Social Research (NatCen) and King's College London (KCL), was commissioned by Comic Relief and the Department of Health. Over 2,100 people in England, Scotland, Wales and Northern Ireland took part in the survey between March and September 2006. The survey included people aged 66 and over living in private households (including sheltered accommodation).
- The achieved sample was weighted to be representative of the general UK population aged 66 and over living in private households.
- This national prevalence survey forms part of a wider programme of research involving a literature review, focus groups with service-providers and stakeholders, qualitative interviews with older people who had experienced mistreatment, and a feasibility study for researching abuse and neglect in care homes.
- Throughout this report, "mistreatment" is used to describe both abuse and neglect. There are four types of abuse: psychological, physical and sexual abuse (sometimes referred to collectively as "interpersonal abuse") and financial abuse.

Prevalence of mistreatment in the past year

- Overall, 2.6% of people aged 66 and over living in private households reported that they had experienced mistreatment involving a family member, close friend or care worker (i.e. those in a traditional expectation of trust relationship) during the past year.
- This equates to about 227,000 people aged 66 and over in the UK who were neglected or abused in the past year.
- When the one year prevalence of mistreatment is broadened to include incidents involving neighbours and acquaintances, the overall prevalence increases from 2.6% to 4.0%. This would give a figure of approximately 342,400 older people subject to some form of mistreatment.
- Using this broader definition, mistreatment by neighbours and acquaintances was reported in 33% of cases, which is comparable with mistreatment by partners (35%) and other family members (33%).
- "Stranger abuse" was considered to be beyond the scope of this study.

The following key points refer to mistreatment involving family, close friends and care workers.

Types of mistreatment

- Prevalence rates for the individual types of mistreatment were: neglect (1.1% or 11 people in 1000), financial (0.7% or 7 people in 1000), psychological (0.4% or 4 people in 1000), physical (0.4% or 4 people in 1000) and sexual (0.2% or 2 people in 1000). 6% of those who had experienced mistreatment in the past year reported two different types of mistreatment.

Mistreatment by sex and age

- Women were more likely to say that they had experienced mistreatment than men (3.8% of women vs. 1.1% of men).
- Men aged 85 and over were more likely to have experienced financial abuse than men in the younger age groups, whereas women aged 85 and over were more likely to have been neglected.
- Looking at the prevalence of abuse excluding neglect, it increased with age for men, but decreased with age for women.

Mistreatment by socio-economic position and tenure

- Mistreatment varied by socio-economic position (from 4.3% of those who last worked in semi-routine and routine occupations to 0.1% of small employers and own account workers). Overall, and among both sexes, those who lived in rented housing (social or private) tended to have higher prevalence rates than owner-occupiers.

Mistreatment by marital status and living arrangements

- Mistreatment varied by marital status (from 9.4% of those who were separated or divorced to 1.4% of those who were widowed).
- People living alone were more likely than those living with others to have experienced financial abuse in the past year.

Mistreatment by health status

- Prevalence of mistreatment increased with declining health status. The level of mistreatment was higher for people with: a self-reported health status of bad or very bad, a limiting long-term illness, a lower quality of life, and for those suffering from depression.
- Overall, there was a higher prevalence of mistreatment among people who reported feeling lonely in the past week compared with those who had not felt lonely.

Perpetrators of mistreatment

- Overall, 51% of mistreatment in the past year involved a partner / spouse, 49% another family member, 13% a care worker and 5% a close friend. (Respondents could mention more than one person.)

- 80% of interpersonal abuse (i.e. physical, psychological and sexual abuse combined) perpetrators were men and 20% were women. The split for financial abuse was more equal (56% men, 44% women).
- The age profile of perpetrators tended to be younger for those carrying out financial abuse than for those carrying out interpersonal abuse.
- Overall, 53% of perpetrators were living in the respondent's household at the time of the abuse – this included 25% of financial abuse perpetrators and 65% of interpersonal abuse perpetrators.

Effect of mistreatment

- Three-quarters of those asked said that the effect of the mistreatment was either serious (43%) or very serious (33%). The most commonly reported effects were emotional (such as feeling angry or upset), and social (for example feeling cut off from family and friends).

Reporting mistreatment

- The majority (70%) of those who had experienced mistreatment in the past year said that they had reported the incident or sought help. Respondents mainly sought help from a family member or friend (31%) or a health professional or social worker (30%).

Abuse since 65

- Abuse since the age of 65 was collected for physical (0.8%), financial (1.2%) and sexual abuse (0.3%). The since 65 prevalence rates were between 50% and 100% higher than these three types of abuse in the past year. (Mistreatment since 65 was not asked for neglect or psychological abuse.)

Key results

- The 2.6% prevalence rate of mistreatment for older people living in the community is broadly in line with other international research.
- When neighbours and acquaintances are added to family, friends and care workers, the prevalence rate increases from 2.6% to 4.0%.
- Both of these are likely to be an under-estimate because of the conservative definitions used to measure mistreatment, and the absence of people in the survey with severe dementia or living in residential care.
- The problem of neglect stood out as the predominant type of mistreatment, followed by financial abuse. This is in contrast to the commonly assumed notion of "abuse" as physical violence.
- It may be the case that only a small proportion of cases of mistreatment are currently coming to the attention of Adult Protection services.
- Risk factors for neglect include: being female, aged 85 and over, suffering bad/very bad health or depression and the likelihood of already being in receipt of, or in touch with, services.

- The risk of financial abuse increased for: those living alone, those in receipt of services, those in bad or very bad health, older men, and women who were divorced or separated, or lonely.
- Risk of interpersonal abuse was higher for: women aged 66-74, men who felt lonely in the past week, and both men and women reporting three or more depressive symptoms. There was a higher rate of interpersonal abuse reported by women who were separated or divorced. Perpetrators lived in the same household in two-thirds of the cases, and in two-fifths of cases the respondent was providing care for them.

1 Introduction

1.1 Background and policy context

Introduction

Elder abuse and neglect (elder mistreatment) are increasingly acknowledged as a social problem in the UK and internationally. Knowledge of the extent of mistreatment has improved internationally over the past 25 years with prevalence surveys in the USA, Canada and The Netherlands, as well as a modest attempt in 1992 in Britain. In 2005, the National Centre for Social Research (NatCen) and the Institute of Gerontology at King's College London (KCL) were commissioned by Comic Relief and the Department of Health to carry out the UK Study of Abuse and Neglect of Older People. This is the first dedicated study of its kind in the UK, and its aim is to provide nationally representative prevalence estimates on elder abuse and neglect in the UK.

Policy context

The overall context of policy addressing the abuse and neglect of older people is the growth of the older population and increasing longevity. These developments have involved concomitant growth in the numbers of people with disabilities, mobility and cognitive problems. Most people, as they age, remain in their own homes and policy aims to support them in this, although as people age, particularly after 85, greater proportions move to care homes. There have been substantial and rapid changes in the way social care is provided, involving the growth of independent provision of services, increased importance of regulation, service commissioning and assessment. This has been paralleled by a substantial growth in the private funding of both domestic help and personal care in people's own homes.

Policy bearing indirectly on abuse

The National Service Framework for Older People set out standards for providers of care and support to older people in England in 2001.¹ Key standards relevant to the prevention of abuse are: rooting out age discrimination (standard 1), person centred care (standard 2) and mental health in older people (standard 7). Legislation has been introduced to extend regulation to the area of private domiciliary care (Care Standards Act 2000,² Domiciliary Care Agencies Regulations 2002,³ Safeguarding Vulnerable Groups Act 2006).⁴

The introduction of Fair Access to Care Services⁵ in 2003 introduced criteria for eligibility for adult social care that aimed to target provision on those assessed to have priority need. The Green Paper 2005 Independence, well-being and choice followed by the White Paper 2006 Our Health, Our Care, Our Say have shifted the policy debate, by emphasising the sometimes positive aspects of risk and the importance of personalising care through which people are more involved in making choices about the type and level of support they need.^{6 7} These developments are influencing the background against which abuse is recognised as a social problem.

The Department of Health has also more recently launched a Dignity in Care campaign, with dignity tests, dignity champions and a “dignity challenge” that requires services to have a “zero tolerance of all forms of abuse” and to ensure that people feel able to complain without fear of retribution.⁸ The significance of “partnership working” – between the NHS and social care, between social care and the police and between statutory, voluntary and independent sectors - has also been a theme reflected in successive policy documents.

Policy parameters relating specifically to abuse

Policy specifically addressing the abuse of older people has had two main parameters:

Protection: Policy towards adults has in many respects replicated policy towards children, although commentators, including the Department of Health, have been quick to point out the differences. However, the White Paper, *Modernising Social Services*,⁹ made protection of adults one of three key priorities. This was mainly interpreted in terms of regulation, both of care standards and of staff working in social care. Most local authorities have addressed the issue of abuse under the heading of Adult Protection.

Vulnerability: Rather than focusing on **all** adults, older people have been regarded as a vulnerable group, along with people with learning disabilities, mental health problems and physical disability. A “vulnerable adult” is defined, in line with reports from the Law Commission, as one “*who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation*”.¹⁰

No Secrets and In Safe Hands

No Secrets¹⁰ is the current Government guidance in England and Northern Ireland, issued by the Department of Health and the Home Office, addressing the abuse of vulnerable adults, and In Safe Hands¹¹ is the comparable Welsh guidance. Both were issued in March 2000, and required local authorities, the mandated lead agency, to collaborate with other local bodies, notably the police and the NHS, in drawing up multi-agency responses to abuse through policies, procedures, joint training, information sharing and so on. Abuse was defined in the No Secrets guidance as: “*a violation of an individual's human and civil rights by any other person or persons. Abuse may consist of a single or repeated acts. It may be physical, verbal, or psychological, it may be an act of neglect or an omission to act, or it may occur when a vulnerable person is persuaded to enter into a financial or sexual transaction to which he or she has not consented, or cannot consent. Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it*”. The guidance stressed that a vulnerable adult might be abused by a wide range of people, and cited “*relatives, family members, professional staff, paid care workers, volunteers, other service users, neighbours, friends and associates, people who deliberately exploit vulnerable people and strangers*”.

The definitions in No Secrets and In Safe Hands now constitutes a relatively early attempt to describe mistreatment in policy terms. There is, for example, no attempt to expand upon when single or repeated acts should most appropriately be considered as mistreatment, nor whether different types of abuse arise in particular circumstances or require different remedies. It reflects a civil rights approach and is broad in what it attempts to cover. As such it anticipates a move away from notions of vulnerability, toward an understanding of mistreatment as affecting the well-being of older people.

This approach has now been refined in a turn toward the role of “safeguarding” older adults as promoted by the Association of Directors of Social Services (see below).

Multi-agency policies and procedures for addressing abuse now exist in all local authorities, but there is considerable diversity in administrative arrangements and in the resources allocated to this work.¹²

House of Commons Health Committee

The House of Commons Health Committee addressed the topic of elder abuse in the 2003/4 Parliamentary session. The Committee viewed the definition of abuse in No Secrets as a valuable starting point, but recommended a broadening of the definition to include: *“those individuals who do not require community care services, for example older people living in their own homes without the support of health and social care services, and those who can take care of themselves”*.¹³ Overall, the Committee focused their attention on standards and regulation, and on the whole area of relationships between vulnerable older people and paid staff in both community and institutional settings. Abuse by family members, in all its complex variations, was relatively neglected. However, the Committee were clear that the absence of any sound research on prevalence meant that there was a major gap in knowledge and recommended that this should be remedied, a recommendation that led directly to the commissioning of the UK prevalence survey described in this report.

Action on Elder Abuse

Action on Elder Abuse (AEA)¹⁴ was founded in 1993 by a group of people who were concerned about the low profile of the abuse of older people. The charity has grown substantially since then and has received on-going financial support from the Department of Health, as well as other sources. In 1997, the charity set up a national telephone help-line that provides free, confidential information and advice on mistreatment to the public. The service took over 10,000 calls between 1997 and 2003, and this information contributed substantially to the charity’s significant volume of evidence to the House of Commons Health Committee. Following the Committee’s report, Action on Elder Abuse suggested to Comic Relief that the single most important contribution that could be made at the present time to help address the problem of elder abuse would be to fund a prevalence study. The result was that Comic Relief, with co-funding from the Department of Health, offered the funding required to finance a robust piece of research. In April 2004, the Department of Health commissioned the charity to report on Adult Protection recording systems in England. The report, issued in 2006, made three main recommendations. Adult Protection work should have: a) a national data collection system; b) a performance indicator; c) a statutory framework with increased resources. The charity is currently pressing in particular for *“comprehensive legislation that defines the nature of abuse, makes protection a legislative requirement and provides penalties for those guilty of such offences”*.¹⁵

Other voluntary sector organisations

Help the Aged, in conjunction with Action on Elder Abuse, initiated a campaign in 2006 to stop the abuse of older people.¹⁶ The Practitioner Alliance against the Abuse of Vulnerable Adults (PAVA) was founded in 1997.¹⁷ It brings together practitioners in the private, statutory and voluntary sectors to promote good practice in relation to the abuse of vulnerable adults. In 2002, the Department of Health gave the organisation a Section 64 grant for three years to examine practice in the wake of the No Secrets guidance. A final report was issued in 2005, and gives a wide range of good practice examples, from case monitoring and reporting to partnership and training initiatives.¹⁸

Safeguarding Adults (Association of Directors of Social Services, 2005)

Safeguarding Adults is arguably the most important policy document since No Secrets, as it reflects the experience of those charged with implementing the guidance and was drawn up in consultation and partnership with key organisations that included the Association of Chief Police Officers, the Commission for Social Care Inspection, the Department of Health and the Public Guardianship Office.¹⁹ This document does away with the language of vulnerability and protection. "Safeguarding" replaces "protection" in line with the movement in children's services in the 2004 Children Act.²⁰ "Vulnerability" ceased to be a criterion for eligibility for services under Fair Access to Care⁵ and was replaced by a criterion of "level of risk to independence". A **critical** level (priority 1) included the risk that "**serious** abuse or neglect has occurred or will occur"; while a **substantial** level (priority 2) included the risk that "abuse or neglect has occurred or will occur". Most users of social care services provided through (if not financed by) the statutory sector will now have to meet the "substantial" level of risk criterion outlined in the CSCI report.²¹ The report states that the term Safeguarding Adults "*means all work which enables an adult 'who is or may be eligible for community care services' to retain independence, wellbeing and choice and to access their human right to live a life that is free from abuse and neglect*". The report continues: "*This definition specifically includes those people who are assessed as being able to purchase all or part of their community care services, as well as those who are eligible for community care services but whose need – in relation to safeguarding – is for access to mainstream services such as the police*". The report also argues that while vulnerable people may be disproportionately in the category of those who are abused, the label of vulnerability "*can be misunderstood, because it seems to locate the cause of abuse with the victim, rather than in placing responsibility with the actions or omissions of others*".

The principal recommendations of the report are for the extension of partnership working in relation to the problem of abuse and the firm linking of the Safeguarding Adults Partnership to the Crime and Disorder Reduction Partnership under the aegis of the Local Strategic Partnership. The report sets out eleven good practice standards covering partnership, access to help and response to need. The importance of resources is emphasised.

Mental Capacity Act 2005

The Mental Capacity Act²² attempts to provide a rights-based, flexible framework for decision-making that addresses the varying mental capacities of particular individuals. For the first time, an offence is created relating to abuse or neglect. Under Section 5 of the Act, a person is guilty of an offence if he has the care of a person who lacks capacity (reasonably believed), or is donee of a Lasting Power of Attorney, and ill-treats or wilfully neglects the person. The Act also replaces the current Enduring Power of Attorney with a Lasting Power of Attorney and this confers responsibility on the donee to consider the personal welfare, as well as the finances, of the person without capacity.

Adult Support and Protection (Scotland) Act 2007

Scotland has proceeded further down the legislative route than the rest of the UK in relation to abuse and neglect, adopting a legislative framework to protect adults at risk of abuse or neglect, including self-neglect.²³ The following information is from the briefing paper prepared for the Health Committee of the Scottish Parliament.²⁴ The draft bill has abandoned the use of "vulnerability", using instead "Adults at Risk" – "*adults, who because they are affected by disability, mental disorder, illness, infirmity or ageing, are – (a) unable to protect themselves from abuse, or (b) more vulnerable to being abused than persons who are not so affected*" (Section 3). The definition of abuse (Section 50)

“includes any conduct which harms or exploits an individual, and in particular includes – (a) physical abuse, (b) psychological abuse, (c) theft, fraud, embezzlement and extortion, (d) self-abuse, and (e) any other conduct which causes fear, alarm or distress or which dishonestly appropriates property”.

The briefing concludes with a statement of resource implications of the reforms. It is estimated that this will be “of the order of £13m”.

1.2 Earlier prevalence studies on elder abuse

Published studies of the prevalence of elder abuse have been carried out in Boston, USA,²⁵ Canada,²⁶ Britain,²⁷ and Amsterdam, The Netherlands.²⁸ Prevalence estimates from these studies (for mistreatment in the past year) have ranged from 2.6% to 5.6%. Table 1.1 provides a summary of these findings.

| Table 1.1 | | | | |
|--|-----------------------------------|----------------------|---------------------|-----------------------------------|
| Prevalence of elder abuse and mistreatment (Boston, USA, 1986; Canada, 1990; Great Britain, 1992; Amsterdam, The Netherlands, 1994). | | | | |
| | Source of data | | | |
| Type of abuse | Boston, USA, 1986 | Canada, 1990 | Great Britain, 1992 | Amsterdam, The Netherlands, 1994 |
| | % | % | % | % |
| Time period | Past year / since 65 | Past year / since 65 | “Recently” | Past year / since 65 |
| Neglect | 0.4 (past year) | 0.4 (past year) | na | 0.2 (past year) |
| Financial | na | 2.5 (since 65) | 1.5 | 1.4 (past year) 4.8 (since 65) |
| Psychological / persistent verbal | 1.1 (past year) | 1.1 (past year) | 5.4 | 3.2 (past year) |
| Physical | 2.0 (since 65) | 0.5 (since 65) | 1.5 | 1.2 (past year) 3.9 (since 65) |
| Sexual | na | na | na | na |
| Multiple | na | 0.8 | na | 0.4 (past year) |
| Any mistreatment | 2.6 (past year) 3.2 (since 65) | 4.0 (since 65) | na | 5.6 (past year) |
| Sample size | 2020 | 2008 | 593 | 1797 |

1. Age range varied. Adults were 65 and over in Boston and Canada, 60 and over in Britain, 65-84 in Amsterdam.

2. na indicates data not available as abuse type not included in study.

3. In the Boston and Canada studies, since 65 “any mistreatment” prevalence estimates include the past year estimates for neglect and psychological abuse.

Variation in prevalence estimates is heavily influenced by differences in methodology. The studies used different definitions of elder abuse, included different ranges of behaviours and perpetrators and had varied sampling strategies and modes of data collection (Boston and Canada, telephone interviews; Great Britain and Amsterdam, face to face interviews).

Initial prevalence studies focused on a relatively narrow range of behaviours and perpetrators. The Boston study did not include financial abuse, neglect was not covered in Britain and sexual abuse was not covered in any study. There were also variations in the way different types of abuse were defined and in question wording. For example, the British study consisted of only three questions of events that had "happened recently". Verbal abuse was defined as: "being frightened because a family member had shouted at you, insulted you or spoken roughly to you" and financial abuse as whether a close family member or relative had "taken money or property from you without your consent". A single question format was used to represent a range of behaviours, whereas the Canadian study used a series of questions about individual behaviours ranging from theft of money and property to attempts to persuade the elderly person to sign over property or change a will in their favour. Perpetrator type was also more limited in these studies. Family and care workers were typically included, but abuse by friends was excluded or not categorised. Relationships where there is an expectation of trust are now widely accepted to include those with family, friends and paid care workers or volunteers.

The earlier prevalence studies also differed in survey design. The age range of respondents varied: the Boston and Canadian studies focused on adults aged 65 and over; the Amsterdam study adopted a narrower age range of 65-84, while in Britain the lower age limit was 60. Previous surveys were conducted either using face to face (Britain, Amsterdam) or telephone interviewing (Boston, Canada). Although most were dedicated studies of elder abuse, questions about elder abuse in Britain were asked in the context of a more general Omnibus survey, undertaken by the Office of Population Censuses and Surveys.

1.3 The UK Study of Abuse and Neglect of Older People

The UK Study of Abuse and Neglect of Older People was commissioned following the 2004 report of the House of Commons Health sub-committee on elder abuse, which identified the absence of any sound data on the prevalence of elder abuse in the UK.¹³ As with studies in other countries, the UK Study of Abuse and Neglect of Older People focuses on abuse in community settings, and excludes both people living in institutions and those who cognitively are not able to take part in a survey. We now know that in community settings, there is a whole range of mistreatment, varying in severity, and ranging from the deliberately exploitative to the much more complex dynamics involved in relationships between adults.²⁹ Individuals may mistreat others because they have substantive behaviour or personality problems, or health problems of their own and these also have to be seen in the light of how we, as a society in the 21st century, care for an increasingly older population.

The UK Study of Abuse and Neglect of Older People had four stages:

1. During the initial development stage focus groups were carried out with older people and carers, including black and minority ethnic elders and carers of older people with Alzheimer's Disease, as well as with Adult Protection Officers and domiciliary care workers. Discussions covered definitions of abuse, terminology, risk factors and barriers to identifying and reporting mistreatment. Feedback from the focus groups informed questionnaire and survey design.
2. The second stage involved a UK wide prevalence survey, examining prevalence of mistreatment among older people living in private households. A new questionnaire was developed, based on earlier studies and current definitions of mistreatment, and was informed by the stage 1 focus

groups, an older person's reference group and expert advisors. Results from the prevalence survey are described in detail in this report.

3. Qualitative in depth interviews with respondents were used to explore barriers to identifying and reporting mistreatment, and strategies and coping mechanisms which individuals develop in order to deal with mistreatment. The findings from the qualitative study will be published separately from the prevalence survey report.³⁰
4. The fourth stage was a feasibility study exploring the barriers to studying mistreatment in care homes and recommending an appropriate methodology for carrying out a survey among care home residents. The findings from this stage of the research will be published separately from the prevalence survey report.³¹

1.4 Definitions of abuse and neglect

Introduction

Estimating prevalence by means of a national survey requires having clear and unambiguous definitions, but the definition of abuse is widely agreed to be a problematic area for research.³² The prevalence survey started from the definition developed by Action on Elder Abuse and which was adopted in 2002 by the World Health Organisation: *"a single or repeated act or lack of appropriate action occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person"*.³³

This definition can be seen to have three components – behaviour, relationship and impact. Impact was investigated in both the survey and the qualitative phase of the research, but for the purpose of estimating prevalence, the research focused on clear definitions of the behaviour and relationship components. As the first UK attempt to develop definitions that could be operationalised, in a field where there are only a handful of existing studies, the versions used in the prevalence survey are unlikely to be the final word. The behavioural component followed contemporary research and policy guidance in covering five different types of mistreatment – financial, physical, psychological and sexual abuse, and neglect (see Figure 1.1). The relationship component attempted, by using the notion of an "expectation of trust", to distinguish the behaviour that takes place in the context of *relationships* from harmful behaviour by strangers, self-neglect or harm and the kinds of "abuse" which people may perceive but that arise at societal level, such as long waits for healthcare treatment or ineligibility for social care provision.²¹ The key people thus identified for estimating prevalence were family members, close friends and care workers. However, information was also requested about mistreatment by neighbours and acquaintances.

Definitions of abuse and neglect

In this report, three key terms are used when discussing more than one form of mistreatment:

- "mistreatment" is used to refer to all forms of abuse (psychological, physical, sexual and financial) *and* neglect.
- "abuse" is used to refer to all forms of abuse, *excluding* neglect.
- "interpersonal abuse" is used to collectively describe physical, psychological and sexual abuse.

This distinction between abuse and mistreatment is useful as neglect is qualitatively different from other types of abuse: while financial, psychological, physical and sexual abuse stem from an action by a perpetrator, neglect is characterised by a lack of action, often by a designated caregiver.

Operational definitions of different types of mistreatment

Figure 1.1 shows the operational definitions of the five types of abuse and neglect covered in this study. The definitions used reflect a consensus among researchers about different types of abuse and neglect; they were taken from a Department of Health sponsored review of the research literature.²⁹

Financial abuse was defined as *"the unauthorised and improper use of funds, property or any resources of an older person"*.²⁹ This included the use of theft, coercion or fraud to obtain or try to obtain the older person's money, possessions or property. Taking or attempting to take power of attorney were also included. For this activity to be defined as financial abuse the older person had to experience one or more incident in the past year.

Psychological abuse was defined as *"the persistent use of threats, humiliation, bullying, swearing and other verbal conduct, and/or of any other form of mental cruelty that results in mental or physical distress"*.²⁹ Behaviours included in this category were verbal threats and insults and behaviour designed to undermine, exclude or isolate the older person. Respondents were asked whether anyone had: insulted them, called them names or sworn at them; threatened them in any way; undermined or belittled them; excluded or repeatedly ignored them; threatened to harm others that the older person cared about (including pets); or prevented them from seeing others that they cared about. Psychological abuse was defined as 10 or more incidents in the past year, by the same perpetrator.

The definition of physical abuse was *"the non-accidental infliction of physical force that results in a bodily injury, pain or impairment"*.²⁹ Respondents were asked whether they had experienced a range of behaviours, including physical violence (slapping, hitting, punching or kicking), threats to use or actual use of a weapon like a knife or gun, physical restraint (being tied up or locked in a room) or overmedication. Flashcards and showcards were used so that interviewers did not have to read out the questions and each behaviour was asked about in turn (see Appendix A, Section A.2 for details). Physical abuse was recorded if the respondent had experienced one or more incident in the past year.

The questionnaire also covered sexual abuse, defined as *"direct or indirect involvement in sexual activity without consent"*.²⁹ This was included in the interview in self-completion format, either on the laptop or on paper (see Appendix A, Section A.2 for details). Specifically, respondents were asked whether someone had made them watch pornography against their will, talked to them or touched them in a sexual way, or had sexual intercourse with them against their will. They were also asked whether anyone had *tried* to carry out each of these behaviours. Sexual abuse was operationally defined as one or more incident in the past year.

Neglect was defined as the *"repeated deprivation of assistance needed by the older person for important activities of daily living"*.²⁹ Neglect can be deliberate or unintentional, but even in the latter case serious consequences for the individual can potentially arise. At an operational level, and for the purposes of this survey, neglect was defined as repeated deprivation of assistance needed by the older person for important activities of daily living including day to day activities such as: shopping and meal preparation; personal care like washing and dressing; and taking medications at the correct time and dose. In each case, the older person must have stated that they needed and normally

received help with the activity, and that they would have difficulty carrying out the activity without help. Failure to help was classed as neglect if help was not provided at least 10 times in the past

Figure 1.1: Operational definitions of financial, psychological, physical and sexual abuse and neglect

| | |
|---------------------------|---|
| Financial abuse | <p>1 or more instance of financial abuse in the past year by family member, close friend, care worker</p> <ul style="list-style-type: none"> - <i>Stolen money, possessions or property</i> - <i>Attempted to steal money, possessions or property</i> - <i>Made you give money, possessions or property</i> - <i>Tried to make you give money, possessions or property</i> - <i>Used fraud to take money, possessions or property</i> - <i>Tried to use fraud to take money, possessions or property</i> - <i>Taken or kept power of attorney</i> - <i>Tried to take or keep power of attorney</i> |
| Psychological abuse | <p>10 or more instances of psychological abuse in the past year by the same person (family member, close friend, care worker)</p> <ul style="list-style-type: none"> - <i>Insulted you, called you names or sworn at you</i> - <i>Threatened you</i> - <i>Undermined or belittled what you do</i> - <i>Excluded you or repeatedly ignored you</i> - <i>Threatened to harm others that you care about</i> - <i>Prevented you from seeing others that you care about</i> |
| Physical abuse | <p>1 or more instance of physical abuse in the past year by family member, close friend, care worker</p> <ul style="list-style-type: none"> - <i>Slapped you</i> - <i>Grabbed, pushed or shoved you</i> - <i>Kicked, bit or hit you with a fist</i> - <i>Burned or scalded you</i> - <i>Threatened you with a knife, gun or other weapon</i> - <i>Used a knife, gun or other weapon</i> - <i>Any other violence</i> - <i>Tied you down</i> - <i>Locked you in your room</i> - <i>Given you drugs or too much medicine in order to control you/ to make you docile</i> - <i>Restrained you in any other way</i> |
| Sexual harassment / abuse | <p>1 or more instance of sexual harassment / abuse in the past year by family member, close friend, care worker</p> <ul style="list-style-type: none"> - <i>Talked to you in a sexual way that made you feel uncomfortable</i> - <i>Touched you in a sexual way against your will</i> - <i>Tried to touch you in a sexual way against your will</i> - <i>Made you watch pornography against your will</i> - <i>Tried to make you watch pornography against your will</i> - <i>Had sexual intercourse with you against your will</i> - <i>Tried to have sexual intercourse with you against your will</i> |
| Neglect | <p>10 or more instances of neglect in the past year by family member, close friend, care worker OR less than 10 instances in the past year but judged by the respondent to be "very serious". Respondent must have stated that they need and receive help with an activity, and that they have difficulty carrying out the activity by themselves.</p> <p>Neglect grouped into three categories:</p> <ul style="list-style-type: none"> - <i>Day to day activities (shopping for groceries or clothes, preparing meals, doing routine housework, travel or transport)</i> - <i>Personal care (getting in and out of bed, washing or bathing, dressing or undressing, eating including cutting up food, getting to and using toilet)</i> - <i>Help with correct dose and timing of medication</i> |

year, or if help was not provided on less than 10 occasions but the impact was judged by the respondent to be "very serious".

Incidents

Financial, physical and sexual abuse were recorded if the respondent had reported a single incident in the past year. Psychological abuse was defined as 10 or more incidents in the past year by a single perpetrator and neglect was defined as 10 or more incidents in the past year by any perpetrator.

Incidents that may be defined as neglect or psychological abuse may occur more often than those involved in other forms of mistreatment and could be expected to occur in the context of a non-abusive relationship. For example, a caregiver may be unable to help when expected for some good reason or a family member may swear at the older person during an argument. Although the AEA definition of elder abuse (Section 1.4), and wider definitions such as that outlined in *No Secrets*,¹⁰ define abuse as "*a single or repeated act*" there has, to date, been little attempt to indicate when single or repeated incidents should be taken into account and how different forms of mistreatment should be operationalised and tested for the purposes of research. It was therefore necessary to refine the definitions for the survey and to take the special characteristics of different forms of abuse into account. In order to do this, the research team drew upon definitions used in previous research,^{25 26} and took advice from older adults included in the focus groups and the reference group (see Section 1.5). Taken together, it was concluded that multiple incidents were required before neglect or psychological abuse were included as mistreatment. This conclusion also reflected a concern that, for responses where judgements were less behavioural and more contingent upon subjective evaluation, such as psychological phenomena, results should not appear to the "person in the street" as being either unrealistic or sensational.

Furthermore, neglect is qualitatively different from abuse, characterised by lack of action by someone who normally helps the older person. The different context of neglect was taken into account in its operational definition:

- Neglect was only recorded if the respondent relied on help such that they had difficulty carrying out the activity by themselves if help was not provided.
- If a respondent had experienced 10 or more incidents these were counted as neglect, even if the incidents involved different perpetrators. This contrasts with psychological abuse where all 10 incidents had to be carried out by a single perpetrator.
- Subjective views of severity were taken into account when recording neglect. If a respondent had experienced fewer than 10 incidents but regarded these as "very serious", neglect was recorded. Severity of neglect was also taken into account in earlier research into elder abuse,²⁵ but no such distinction was made for psychological abuse. This may reflect the likely different impact of these two types of mistreatment and the fact that a single incident of neglect could have serious physical consequences, e.g. bedsores.

Time period covered

Respondents were asked whether they had experienced mistreatment in the past year (i.e. since the date of the interview, not the calendar year) and since age 65 and, if so, were asked further details. This report focuses on mistreatment in the past year as it provides a standardised timescale for mistreatment and a shorter time period for recall, limiting the impact of a possibly faulty memory on

reports. Asking about mistreatment since 65 does however allow an estimate of prevalence over a broader time period and captures more incidents.

Age range of "older" people

Adults aged 66 and over on 1 March 2006 were selected for the study. The effective lower age limit was 65 as questions focussed on abuse since 65 and in the past year. This is the age range most commonly used in earlier prevalence studies.^{25 26} Furthermore, as many adults retire from paid work at the age of 65, there are likely to be qualitative differences between adults under 65 and those aged 65 and over.

Perpetrators

The report focuses on mistreatment by individuals in a relationship with the older person where there is an expectation of trust, namely family, friends and care workers. This is the widely accepted definition in research literature and thus allows comparison of prevalence estimates with other surveys.³²

However, the survey also covers mistreatment by neighbours and acquaintances as well as by those in a "position of trust". Qualitative data³⁰ suggests that the definition of abuse as perpetrated by friends, family or care workers may be unsustainable; adherence to such a strict definition may well mask some instances of abuse. Firstly, distinguishing "friends" from "acquaintances" is ambiguous and may well be interpreted differently by different respondents. Secondly, within the current social context, it is also increasingly likely that older adults come to rely on support from a wider range of people and may well place a degree of trust in neighbours and even acquaintances. For example, an older person may invite a neighbour into their home, seek advice from a neighbour about a financial matter, or may receive help with shopping from a neighbour or acquaintance. It could be argued that mistreatment can, and does, occur in these types of relationships. A person could reasonably expect to trust their neighbour, especially in the case of neglect.

While the report focuses on mistreatment in position of trust relationships with family, friends and care workers there is also some discussion of mistreatment by neighbours and acquaintances in Chapter 6. This does not extend the definition to include stranger abuse.

1.5 Developing the measures for abuse and neglect

The prevalence rates for mistreatment are based on self-reports provided by respondents. Hence, the data for the occurrence of the events and the judgement of their severity was dependent on individual respondent recall and evaluation. Judging the reliability and validity of the measurement of mistreatment is a complicated issue.

The development of the questions used to measure the prevalence of mistreatment was guided by previous research in this area and was based on internationally accepted definitions of how to operationalise the general concept of elder abuse. The research team drew on existing studies as a starting point for the survey questions. Of course some areas were experimental and a best attempt had to be made to operationalise a vaguely defined concept. The development stage of the survey included receiving advice and feedback from six focus groups, including three with older people, an older peoples' reference group, an advisory group set up by Comic Relief and an expert advisor

(Professor Karl Pillemer from Cornell University, USA). The draft questionnaire was evaluated using cognitive interviewing techniques to examine the thought processes involved in interpreting and answering questions. The revised questionnaire was then piloted by more than a dozen experienced NatCen interviewers in different parts of the country, with up to nine respondents each. This was followed by an extensive and detailed interviewer debriefing and, where there were problems or ambiguities, questions were amended or excluded. These processes ensured that the questions had good "face validity". (Further details of questionnaire development are reported in Appendix A.)

The study aimed to conform with the most up-to-date methods for measuring family violence, by focusing on the measurement of specific behaviours. Most, if not all, surveys on family mistreatment now take an approach in which behaviours or actions are listed and respondents are asked to recall the frequency of their occurrence over a particular time frame (usually the past year). Indeed, as the field of survey research on family violence has developed over the past two decades, it has become apparent that it is difficult to invent measures that do not take this approach.

Using such an approach has a number of advantages. First, despite the sensitive nature of the topic, asking about specific mistreatment behaviours has been found to be acceptable to respondents, with low refusal and antagonism rates. Second, such approaches have been widely used, revised, and adapted. Versions of this type of measurement have been created successfully for use with married and cohabiting couples, with parents, and with children, in addition to older persons. Third, behavioural measures of family violence have had extensive psychometric testing and validation for intimate partners and for parents and children (a notable example is the Conflict Tactics Scales, on which many measures are based). Behaviourally specific measures have a stable factor structure, moderate to high reliability, and considerable evidence of construct validity.³⁴

Fourth, the types of measures used in the prevalence survey conform to the major finding that family violence measures must be specific. The advantages of using specific questions are that: they do not require definitions of terminology (as would a general question such as "Have you ever been abused?"); they are less subject to a respondent's interpretation of terms; they are not highly dependent on intellectual ability; and they reduce the effects of potential cultural differences in interpretation of terms such as "abuse" or "neglect". Fifth, a strength of this approach is to separate the focus on behaviours from that on outcomes: i.e. it is consistent with legal definitions, which negatively sanction assault regardless of whether it results in serious injury; and, mistreatment may be serious, but not cause obvious physical harm.³⁵

1.6 Overview of methodology and response

Sample design

The sample was a nationally representative random probability sample, based on a follow-up of respondents who previously took part in government commissioned health surveys in England, Scotland and Northern Ireland. In Wales there was no follow-up sample available, so NatCen carried out a screening exercise for residents aged 66 and over, living at private addresses that were randomly selected from the Postcode Address File. The target was to achieve interviews with 2,000 adults (about 1,100 in England and 300 each in Scotland, Wales and Northern Ireland). Given the relatively low prevalence of elder abuse, Scotland, Wales and Northern Ireland were over-sampled to improve the survey estimates for those countries. The study was limited to people aged 66 and over

(on 1st March 2006) living in private households (including sheltered accommodation). (The starting age was 66 in order to address mistreatment in the past year and since the respondent turned 65.) One adult, aged 66 or older, was selected in each household and interviews were conducted in private. Proxy interviews were not allowed in any circumstances (e.g. for an individual who may have been suffering from a health problem or cognitive impairment). Further details of the sample design are reported in Appendix A.

Limitations of the sample

Although considerable care was given to the design of the survey and to the way in which it was presented to respondents in order to ensure a representative sample was selected and interviewed, a number of factors can be adduced to suggest that there may have been a systematic bias in the achieved sample which could lead to an under-estimate of the prevalence of mistreatment among all older people. First, the prevalence survey included only older people living in private households, and excluded all individuals in institutional establishments such as nursing homes. (A further stage in the research is examining methodologies for estimating prevalence in institutional settings.³¹) Second, individuals were excluded from the survey if their mental capacity or ill health prevented them from participating. Evidence suggests that mistreatment is likely to be higher among such individuals.²⁹ Third, there are a number of reasons why someone who is being mistreated might not want to participate in a survey that addresses such a topic, even in the context of "health and well-being". For example, they may have feared the consequences of participating in the interview, they may have been prevented by someone in their household from taking part in the survey or they may have been reluctant to participate because of psychological factors such as denial, shame and guilt.

Fieldwork

Fieldwork took place between March and September 2006. Interviews were conducted face to face, using CAPI (computer assisted personal interviewing), and respondents were asked to complete a section themselves using the laptop (CASI, computer assisted self-interviewing). A paper version of the self-completion questions was provided for those who were unable (or refused) to use the computer. The self-completion part of the questionnaire included sensitive questions about experience of sexual harassment or abuse, mental health and well-being and also provided respondents with another opportunity to mention abuse or neglect that they had not reported in the face to face interview. On average, interviews lasted for 50 minutes.

Where possible, interviewers with experience of sensitive survey topics and of interviewing older people were selected to work on the survey. Interviewers were fully briefed on the administration of the survey, including screening for eligible respondents in the sample in Wales. All day training sessions were run by the research team, and a full set of written instructions covering survey procedures were provided.

Copies of survey data collection instruments are included in Appendix B.

The content of the interview is summarised below:

- Household size and composition
- Background information (including ethnic origin, educational achievement, accommodation tenure and number of bedrooms, car ownership, economic status/occupation, household income)
- Social contact (regular contact with others, involvement in groups and associations)
- Health (general health, longstanding illness, limiting longstanding illness, use of health and social care services)
- Formal and informal care (care received and care provided for others)
- Neglect
- Financial abuse
- Psychological abuse
- Physical abuse
- Sexual abuse ^a
- Mental health and wellbeing (CASP, CESD) ^{a,b}
- Perception of mistreatment of others in a care home or hospital^c
- Attitudes to growing older

^a These modules were administered by self-completion (CASI or on paper).

^b See Chapter 2 for further information and references for CASP and CESD.

^c The results from the questions about the perception of mistreatment of others in a care home or hospital are reported elsewhere³¹

Survey response

Table 1.2 shows the response to the survey by country. In England, Scotland and Northern Ireland, 110 people out of the 2,770 people selected for follow-up were not eligible to take part because they had either died or moved to an institution. The remaining 2,660 were “assumed eligible”, and of these 1,784 individuals took part in the survey (which gives a 67% response rate averaged across these three countries).

Of the 3,000 addresses that were issued in Wales, 237 did not contain a private residential household, and 178 addresses were not screened because of non-contact or refusal. Of the remaining 2,585 addresses, 570 (22%) contained one or more residents aged 66 years or older. It was assumed that 22% of the 178 addresses not screened would also contain an eligible respondent, so the estimated number of eligible individuals in Wales was 609. Of these, 327 were interviewed, a response rate of 54%.

Thus, over all four countries, 3,269 people were eligible to take part, 2,111 people were interviewed, and the overall response rate for the survey was 65%. (Further information and a more detailed table of response are included in Appendix A.)

Table 1.2

Response rate, by country

| <i>All</i> | | | | | | | | | | |
|---|---------|-----------|----------|-----------|------------------|-----------|-------|-----------|-------|-----------|
| Individual response | Country | | | | | | | | Total | |
| | England | | Scotland | | Northern Ireland | | Wales | | N | % |
| | N | % | N | % | N | % | N | % | | |
| Issued cases | 1623 | | 567 | | 580 | | 3000 | | | |
| Total assumed eligible ^a | 1573 | | 517 | | 570 | | 609 | | 3269 | |
| Interviewed, % of eligible ^b | 1048 | 67 | 366 | 71 | 370 | 65 | 327 | 54 | 2111 | 65 |

^a Assumed eligible in Wales = positively screened (known eligible) + proportion of unknown eligible estimated to positively screen

^b In England, Scotland and NI response is based on the known eligible; in Wales, response is based on the total assumed eligible

Weighting the data

The achieved sample was weighted to adjust for different probabilities of selection (e.g. over-sampling Scotland, Wales, and Northern Ireland in relation to England, sampling only one person in a household) and for differential non-response, so that the achieved sample is representative of the general population in the UK aged 66 and over (see Appendix A for details). Further details describing the socio-demographic characteristics of the achieved sample may be found in Chapter 2.

1.7 The content of this report

Chapter 2 describes the characteristics of the sample, and Chapter 3 gives estimates for the prevalence of mistreatment in the past year, and includes analysis by country, age, sex, socio-demographic factors, level of social contact, physical and mental health status and use of services. Chapter 4 looks at characteristics of the perpetrators of mistreatment, and Chapter 5 examines the impact of mistreatment on the respondent. Chapter 6 examines a broader definition of elder abuse and neglect in which the range of perpetrators is extended to include neighbours and acquaintances and also looks at mistreatment since age 65. The final chapter, Chapter 7, includes a discussion of the issues raised and suggestions for further research.

Caution must be used in interpreting results due to small base sizes. In general, commentary in the report highlights differences that are statistically significant at the 90% level, instead of the more commonly used 95% level because of the low prevalence rates of mistreatment. The use of the 90% level means that there is a 10 in 100 chance that the variation we are seeing is simply due to random chance rather than the 5 in 100 chance associated with the 95% level. Hence, there is a possibility that more “false positive” associations will be highlighted by the commentary. It should be noted that statistical significance is not intended to imply substantive importance.

Further information about data analysis and reporting are included in Appendix A.

1.8 Availability of unpublished data

An anonymised survey dataset will be deposited at the UK Data Archive at the University of Essex (www.data-archive.ac.uk).

1.9 Notes on the conventions used in the report tables

- The term “mistreatment” refers to all abuse and neglect; the term “abuse” refers to financial, psychological, physical and sexual abuse only (excluding neglect).
- “Interpersonal abuse” refers to psychological, physical and sexual abuse combined.
- Some questions were filtered (i.e. asked of a sub-set of respondents). In some cases this results in small bases in some cells of the tables. Whenever an unweighted base is less than 30, the percentages in that column are marked by square brackets to show that results should be treated with caution.
- The population sub-group to whom each table refers is stated at the upper left corner of the table.
- All data in this report are weighted. Unweighted and weighted bases are shown at the foot of the table. The unweighted bases show the number of respondents who gave a valid answer to that question. A few respondents failed to answer each question. These “no answers” have been excluded from the analysis, so tables that describe the same population may have slightly different bases. The weighted bases show the relative sizes of the various sample elements after weighting, reflecting their proportion in the UK population, so that data from different columns can be combined in their correct proportions.
- Due to rounding, column percentages do not always sum to 100%.
- Some questions were multi-coded (i.e. allowed respondents to give more than one answer). The column percentages in these tables may sum to more than 100%.
- If a percentage is quoted in the text for a single category that aggregates two or more of the percentages shown in a table, the (more precise) percentage in the text has been recalculated and may differ from the sum of the percentages in the table.
- The following conventions have been used:
 - 0.0 signifies a positive value of less than 0.05%
 - signifies a zero value

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2 Sample characteristics

2.1 Introduction

The achieved sample was weighted to be representative of the general UK population aged 66 and over living in private households. Weighting adjusted for two things: for different probabilities of selection (e.g. over-sampling in Scotland, Wales and Northern Ireland in relation to England, sampling only one person in a household) and for differential non-response (see Appendix A).

This chapter gives an overview of the achieved sample in terms of socio-demographic factors (age, sex, country, ethnicity, marital status, living arrangements, educational qualifications, employment status, NS-SEC and tenure), social contact, health factors and use of services. Where possible, comparisons have been made to the general UK population of people aged 66 and over living in private households.

2.2 Socio-demographics

As is the case for this age group in the general population, the sample contained more women than men (57% women, 43% men, an exact match to 2001 census data). Overall, half of respondents (51%) were aged 66-74, 40% were 75-84, and 9% were 85 and over (Table 2.1). The sample contained more older women than older men (53% of women were aged 75 and over, compared with 44% of men). The average (mean) age of our respondents was 75 (75 for men and 76 for women).

The split of the sample between England (83%), Scotland (9%), Wales (5%) and Northern Ireland (3%) was in line with the proportions of this age group in the general population living in each country (Table 2.1).

Respondents were asked to define their ethnicity. The vast majority (98%) of respondents were White, with 2% classified as non-White. The ethnicity profile of the sample was in line with the ethnicity profile of the general population for this age group, which is 2.5% non-White (Table 2.1).

Table 2.1

Age, country and ethnic group, by sex

All

| Demographics | Sex | | Total | UK population ^a |
|-------------------------------------|------------|-------------|-------------|----------------------------|
| | Men % | Women % | | |
| Age | | | | |
| 66-74 | 56 | 47 | 51 | 55 |
| 75-84 | 37 | 43 | 40 | 35 |
| 85 and over | 7 | 10 | 9 | 10 |
| <i>Mean age (years)^b</i> | <i>75</i> | <i>76</i> | <i>75</i> | <i>75</i> |
| Country | | | | |
| England | 84 | 83 | 83 | 84 |
| Wales | 5 | 5 | 5 | 5 |
| Scotland | 8 | 9 | 9 | 9 |
| Northern Ireland | 2 | 3 | 3 | 2 |
| Ethnic group | | | | |
| White | 97 | 99 | 98 | 97 |
| Non - White | 3 | 1 | 2 | 3 |
| <i>Bases unweighted^c</i> | <i>980</i> | <i>1131</i> | <i>2111</i> | <i>8,914,917</i> |
| <i>Bases weighted</i> | <i>918</i> | <i>1193</i> | <i>2111</i> | <i>-</i> |

^a 2001 census data. Age and country: household residents aged 65 and over. Ethnicity: includes people living in private households and communal establishments, base 9,340,997.

^b Mean age calculated for household residents aged 65 to 99, base 8,909,971. Mean age was calculated by taking the sum of each person's age last birthday (in single year counts) and dividing by the number of people.

^c Bases vary, the bases shown here are for age and country. The base for ethnicity is slightly smaller with 977 men and 1125 women (unweighted).

Marital status

Just over half (55%) of respondents were living as a couple (married or cohabiting), and 32% were widowed (Table 2.2). Men were more likely than women to be living as a couple (71% of men vs. 44% of women) and less likely to be widowed (17% of men vs. 43% of women). The other categories were divorced or separated (8%) and single and never married (5%).

Table 2.2

Marital status, by sex

All

| Marital status | Sex | | Total | UK population ^a |
|--|------------|-------------|-------------|----------------------------|
| | Men % | Women % | | |
| Living as a couple (married or cohabiting) | 71 | 44 | 55 | 54 |
| Divorced or separated | 7 | 8 | 8 | 5 |
| Widowed | 17 | 43 | 32 | 33 |
| Single and never married | 5 | 5 | 5 | 7 |
| <i>Bases unweighted</i> | <i>979</i> | <i>1131</i> | <i>2110</i> | <i>8,914,917</i> |
| <i>Bases weighted</i> | <i>917</i> | <i>1193</i> | <i>2110</i> | <i>-</i> |

^a 2001 census data, household residents aged 65 and over.

Whether lives alone or with others

Respondents were asked whom they lived with and their relationship to other household members. Those living with others have been categorised into those living with others including a partner and those not living with a partner. Just over half of the sample (55%) lived with at least one other person including a partner, 39% lived alone and 6% lived with at least one other person but not with a partner (Table 2.3). Women were twice as likely as men to live alone (49% of women compared with 25% of men), whereas men were more likely to live with others including a partner (71% of men compared with 44% of women).

Table 2.3

Living arrangement, by sex

All

| Living arrangement | Sex | | Total | GB population ^a |
|--|------------|-------------|-------------|----------------------------|
| | Men | Women | | |
| | % | % | % | % |
| Lives alone | 25 | 49 | 39 | 36 |
| Lives with at least one other, including partner | 71 | 44 | 55 | } 64 |
| Lives with at least one other, not with partner | 4 | 7 | 6 | |
| <i>Bases unweighted</i> | <i>980</i> | <i>1131</i> | <i>2111</i> | <i>4880</i> |
| <i>Bases weighted</i> | <i>918</i> | <i>1193</i> | <i>2111</i> | <i>8,930,000</i> |

^a General Household Survey 2005. Household residents aged 65 and over in GB. The GHS is weighted to compensate for non-response (sample-based weighting) and to match the population distribution in terms of region, age group and sex (population-based weighting).

Overall, 8% of the sample lived in a household which included one or more of their children,¹ and 1% lived in a household which included one or more of their grandchildren.

Education

In line with the general population, most respondents had not achieved a high educational qualification. People with no qualifications were the largest group for both men (43%) and women (58%). 45% of men and 37% of women had achieved an intermediate level qualification,² and 13% of men and 5% of women had achieved a qualification at degree level or higher (Table 2.4).

Table 2.4

Educational attainment, by sex

All

| Educational attainment | Sex | | | Total | Population ^a | | | |
|-------------------------|------------|-------------|-------------|-------------|-------------------------|-------------|-------|-------|
| | Men | Women | Total | | Sex | Men | Women | Total |
| | | | | | | | | |
| Degree and higher | 13 | 5 | 9 | 11 | 5 | 7 | | |
| Intermediate | 45 | 37 | 40 | 43 | 36 | 39 | | |
| No qualification | 43 | 58 | 51 | 46 | 59 | 54 | | |
| <i>Bases unweighted</i> | <i>977</i> | <i>1129</i> | <i>2106</i> | <i>1883</i> | <i>2410</i> | <i>4293</i> | | |
| <i>Bases weighted</i> | <i>914</i> | <i>1190</i> | <i>2104</i> | <i>1810</i> | <i>2416</i> | <i>4226</i> | | |

^a English Longitudinal Study of Ageing (ELSA) Wave 2, 2004/2005. Household residents aged 66 and over in England.

Socio-economic classification

5% of respondents said that they were currently working, but the majority of respondents were retired from paid work (80%) (Table 2.5).

Table 2.5

Employment status, by sex

All

| Employment status | Sex | | Total |
|--|------------|-------------|-------------|
| | Men | Women | |
| | % | % | % |
| Retired from paid work | 89 | 74 | 80 |
| Looking after home or family | 2 | 21 | 13 |
| In paid employment or self employed | 7 | 4 | 5 |
| Doing unpaid work for business that you or relative own | 0 | 1 | 1 |
| Permanently unable to work, long term sickness or injury | 1 | 1 | 1 |
| Unemployed, looking for work | 0 | - | 0 |
| <i>Bases unweighted</i> | <i>977</i> | <i>1120</i> | <i>2097</i> |
| <i>Bases weighted</i> | <i>918</i> | <i>1181</i> | <i>2099</i> |

Respondents were classified into one of five NS-SEC³ categories based on answers to questions about the job they considered their "main" job. Men were most likely to have worked in managerial / professional (39%), semi-routine / routine (23%) and lower supervisory / technical (20%) occupations (Table 2.6). The most common categories for women were semi-routine / routine (38%), managerial / professional (25%) and intermediate (19%).

Comparing these results with the 2005 General Household Survey suggests that the prevalence survey sample had slightly fewer older people in lower NS-SEC categories and slightly more people in higher NS-SEC categories (Table 2.6).

Table 2.6

National Statistics Socio-Economic Classification (NS-SEC), by sex

All

| NS-SEC | Sex | | | Total | GB Population ^a | | | Total |
|---------------------------------------|------------|-------------|-------------|------------------|----------------------------|------------------|---|-------|
| | Men | Women | % | | Men | Women | % | |
| | | | | | | | | |
| Managerial / professional | 39 | 25 | 31 | 34 | 19 | 25 | | |
| Intermediate | 5 | 19 | 13 | 5 | 19 | 13 | | |
| Small employers / own account workers | 12 | 6 | 9 | 12 | 5 | 8 | | |
| Lower supervisory / technical | 20 | 7 | 13 | 19 | 6 | 11 | | |
| Semi-routine / routine | 23 | 38 | 31 | 30 | 45 | 38 | | |
| Other ^b | 0 | 6 | 3 | 1 | 6 | 4 | | |
| <i>Bases unweighted</i> | <i>978</i> | <i>1130</i> | <i>2108</i> | <i>2206</i> | <i>2621</i> | <i>4827</i> | | |
| <i>Bases weighted</i> | <i>918</i> | <i>1193</i> | <i>2110</i> | <i>3,871,000</i> | <i>4,967,000</i> | <i>8,837,000</i> | | |

^a General Household Survey 2005. Household residents aged 65 and over in GB. Based on current or last job. The GHS is weighted to compensate for non-response (sample-based weighting) and to match the population distribution in terms of region, age group and sex (population-based weighting).

^b Other includes never worked, long term unemployed, unclassifiable.

Tenure

The majority of respondents (77%) owned their own home, either outright or buying it with a mortgage (Table 2.7). Nearly one-fifth (18%) were in social rented housing (local authority or housing association), 3% were privately renting and 2% were living rent free. The tenure profile of the sample was similar for men and women. Compared with the general UK population of people in this age group, the prevalence survey had slightly fewer people in social rented housing and slightly more owner-occupiers, which is consistent with the findings for NS-SEC (shown in Table 2.6).

Table 2.7

Housing tenure, by sex

All

| Tenure | Sex | | Total | UK population ^a | |
|--|------------|-------------|-------------|----------------------------|--|
| | Men | Women | | | |
| | % | % | % | % | |
| Owner occupied - own outright or buying with mortgage | 77 | 76 | 77 | 71 | |
| Rented – social (local authority or housing association) | 17 | 19 | 18 | 22 | |
| Rented - private | 3 | 3 | 3 | } 7 | |
| Lives rent free | 3 | 2 | 2 | | |
| <i>Bases unweighted</i> | <i>978</i> | <i>1126</i> | <i>2104</i> | <i>8,914,917</i> | |
| <i>Bases weighted</i> | <i>918</i> | <i>1187</i> | <i>2104</i> | - | |

^a 2001 census data, household residents aged 65 and over. Figures for "rented – private" and "lives rent free" are combined.

2.3 Social contact

Regular social contact

Respondents were asked about contact with a range of individuals (other than those the respondent lived with) including family, friends, neighbours, care workers and tradesmen. Successive questions covered three levels of contact - any regular contact (including phone conversations), regular meetings, and regular visits to the respondent's home (with "regular" defined as contact with the same person at least once a month). Table 2.8 looks at whether respondents regularly met with a friend or family member outside their household.

The majority of respondents did have regular social contact: 95% regularly met with at least one friend or family member (outside of their household); 3% of respondents did not have regular contact with anyone outside of their household; and 2% lived alone and had no regular contact with friends or family. These findings were similar for both men and women, and did not differ significantly by age group.

Table 2.8

Social contact, by age and sex

All

| Social contact | Age | | | Total |
|--|-------------|------------|------------------|-------------|
| | 66-74 % | 75-84 % | 85 and over % | |
| Men | | | | |
| <i>Regular social contact with friends / family outside household</i> | | | | |
| Yes | 96 | 94 | 98 | 96 |
| No – lives with others | 4 | 4 | 1 | 4 |
| No – lives alone | 0 | 1 | 1 | 1 |
| <i>Regular group involvement</i> | | | | |
| Yes | 61 | 58 | 48 | 59 |
| No | 39 | 42 | 52 | 41 |
| <i>Felt lonely in past week</i> | | | | |
| Yes | 8 | 12 | 5 | 9 |
| No | 92 | 88 | 95 | 91 |
| Women | | | | |
| <i>Regular social contact with friends / family outside household</i> | | | | |
| Yes | 96 | 95 | 89 | 95 |
| No – lives with others | 2 | 3 | 5 | 3 |
| No – lives alone | 2 | 2 | 5 | 2 |
| <i>Regular group involvement</i> | | | | |
| Yes | 66 | 59 | 50 | 61 |
| No | 34 | 41 | 50 | 39 |
| <i>Felt lonely in past week</i> | | | | |
| Yes | 11 | 19 | 25 | 16 |
| No | 89 | 81 | 75 | 84 |
| All | | | | |
| <i>Regular social contact with friends / family outside household</i> | | | | |
| Yes | 96 | 95 | 92 | 95 |
| No – lives with others | 3 | 3 | 4 | 3 |
| No – lives alone | 1 | 2 | 4 | 2 |
| <i>Regular group involvement</i> | | | | |
| Yes | 64 | 58 | 49 | 60 |
| No | 36 | 42 | 51 | 40 |
| <i>Felt lonely in past week</i> | | | | |
| Yes | 10 | 16 | 18 | 13 |
| No | 90 | 84 | 82 | 87 |
| <i>Bases unweighted^a</i> | | | | |
| <i>Men</i> | <i>545</i> | <i>364</i> | <i>71</i> | <i>980</i> |
| <i>Women</i> | <i>515</i> | <i>487</i> | <i>129</i> | <i>1131</i> |
| <i>All</i> | <i>1060</i> | <i>851</i> | <i>200</i> | <i>2111</i> |
| <i>Bases weighted</i> | | | | |
| <i>Men</i> | <i>514</i> | <i>339</i> | <i>66</i> | <i>918</i> |
| <i>Women</i> | <i>561</i> | <i>509</i> | <i>123</i> | <i>1193</i> |
| <i>All</i> | <i>1075</i> | <i>847</i> | <i>189</i> | <i>2111</i> |

^a Bases vary slightly, bases shown here are for regular social contact.

Regular group involvement

Respondents were also asked whether they regularly (at least once a month) took part in the activities of any groups. This included a range of different types of groups, for example social clubs, sports and hobby clubs, political, community or religious groups and groups for older people, such as lunch clubs. 59% of men and 61% of women regularly took part in at least one group activity (Table 2.8). As respondents got older they were less likely to do this (64% of those aged 66-74 compared with 49% of those aged 85 and over), but even so, one in two of the oldest age group were regularly involved.

Loneliness in past week

Respondents were asked whether they had felt lonely much of the time in the past week. Overall 13% of the sample said that they had felt lonely, 9% of men and 16% of women (Table 2.8). Loneliness in the past week increased with age for women, from 11% of women aged 66-74, to 25% of women aged 85 and over, whereas loneliness did not vary significantly by age for men.

2.4 Health

Self-reported general health

Respondents were asked about their general health status; 61% said their health was very good or good, 31% said it was fair, and 8% said it was bad or very bad (Table 2.9). The chances of having very good or good health decreased with age (65% of those aged 66-74 compared with 48% of those aged 85 and over), and this was the case for both men and women. However, within each age group, men were more likely than women to say their health was very good or good. The general health status of men was similar to that of men who took part in the English Longitudinal Study of Ageing (ELSA). For women, a higher proportion in the ELSA sample reported very good or good health.

Long-term illness

Just over two-thirds (68%) of respondents reported a long-term illness, and 44% said it was limiting (Table 2.9). Limiting long-term illness increased with age for both men and women. Women were more likely than men to suffer from a limiting long-term illness both overall (48% compared with 39%), and within each age group.

Table 2.10 shows the types of long-term illness reported. These included musculo-skeletal system disorders (31% overall, but more common among women than men, 38% vs. 22%), heart and circulatory system disorders (28%), endocrine and metabolic disorders (14%) and respiratory system disorders (10%). These findings are in line with long standing illness data from the 2005 General Household Survey.

Table 2.9

Self-reported general health and long-term illness, by age and sex

All

| General health, long-term illness | Age | | | Total | Population ^{a b} |
|-----------------------------------|------------|------------|------------------|-------|---------------------------|
| | 66-74 % | 75-84 % | 85 and over % | | |
| Men | | | | | |
| General health | | | | | |
| Very good/ good | 67 | 65 | 58 | 66 | 66 |
| Fair | 27 | 23 | 33 | 26 | 24 |
| Bad/ very Bad | 6 | 11 | 9 | 8 | 10 |
| Long-term illness | | | | | |
| None | 34 | 34 | 31 | 33 | 39 |
| Non-limiting | 29 | 26 | 20 | 27 | 22 |
| Limiting | 37 | 40 | 49 | 39 | 39 |
| Women | | | | | |
| General health | | | | | |
| Very good/ good | 62 | 54 | 43 | 57 | 66 |
| Fair | 29 | 38 | 44 | 34 | 25 |
| Bad/ very Bad | 9 | 7 | 14 | 9 | 9 |
| Long-term illness | | | | | |
| None | 33 | 28 | 26 | 31 | 38 |
| Non-limiting | 23 | 23 | 6 | 21 | 19 |
| Limiting | 43 | 49 | 67 | 48 | 43 |
| All | | | | | |
| General health | | | | | |
| Very good/ good | 65 | 59 | 48 | 61 | 66 |
| Fair | 28 | 32 | 40 | 31 | 25 |
| Bad/ very Bad | 7 | 9 | 12 | 8 | 10 |
| Long-term illness | | | | | |
| None | 33 | 31 | 28 | 32 | 38 |
| Non-limiting | 26 | 24 | 11 | 24 | 20 |
| Limiting | 41 | 45 | 61 | 44 | 42 |
| <i>Bases unweighted</i> | | | | | |
| Men | 545 | 364 | 71 | 980 | 2157 |
| Women | 515 | 487 | 129 | 1131 | 2562 |
| All | 1060 | 851 | 200 | 2111 | 4719 |
| <i>Bases weighted</i> | | | | | |
| Men | 514 | 339 | 66 | 918 | 3,788,000 |
| Women | 561 | 509 | 123 | 1193 | 4,869,000 |
| All | 1075 | 847 | 189 | 2111 | 8,657,000 |

^a Figures for general health are taken from the English Longitudinal Study of Ageing (ELSA) Wave 2, 2004/2005.

Household residents aged 66 and over in England. The categories used in ELSA differ slightly: Excellent to good; Fair; Poor.

^b Figures for limiting long term illness are from the General Household Survey (GHS) 2005. Household residents aged 65 and over in GB. The GHS is weighted to compensate for non-response (sample-based weighting) and to match the population distribution in terms of region, age group and sex (population-based weighting).

^c Bases vary slightly, bases shown here are for long-term illness.

Table 2.10

Type of long-term illness, by sex

All

| Type of long-term illness ^a | Sex | | Total | GB Population ^b |
|--|------------|-------------|-------------|----------------------------|
| | Men % | Women % | | |
| Musculo-skeletal system | 22 | 38 | 31 | 30 |
| Heart & circulatory system | 29 | 28 | 28 | 29 |
| Endocrine & metabolic | 13 | 15 | 14 | 11 |
| Respiratory system | 12 | 9 | 10 | 9 |
| Digestive system | 4 | 7 | 6 | 5 |
| Eye complaints | 5 | 5 | 5 | 4 |
| Ear complaints | 4 | 4 | 4 | 4 |
| Genito-urinary system | 4 | 2 | 3 | 3 |
| Neoplasms & benign growths | 4 | 3 | 3 | 3 |
| Nervous system | 4 | 3 | 3 | 3 |
| Mental disorders | 2 | 2 | 2 | 2 |
| Blood & related organs | 2 | 1 | 1 | 1 |
| Skin complaints | 1 | 1 | 1 | 1 |
| Other | 0 | 1 | 1 | 0 |
| Infectious disease | 0 | 0 | 0 | 0 |
| <i>Bases unweighted</i> | <i>980</i> | <i>1131</i> | <i>2111</i> | <i>4880</i> |
| <i>Bases weighted</i> | <i>918</i> | <i>1193</i> | <i>2111</i> | <i>8,930,000</i> |

^a As respondents could give more than one answer, the column totals more than 100%.

^b General Household Survey 2005. Household residents aged 65 and over in GB. The GHS is weighted to compensate for non-response (sample-based weighting) and to match the population distribution in terms of region age group and sex (population-based weighting).

Quality of life

Quality of life was measured using the validated CASP-19 measure, broken down into three equally sized groups (or tertiles).⁴ Overall, quality of life tended to decrease with age. Around one-quarter (26%) of those aged 66-74 were in the lowest tertile (i.e. with the lowest quality of life) compared with just under half (45%) of those aged 85 and over (Table 2.11). A similar pattern was seen among both men and women.

Depression

Respondents were administered the eight item version of the Centre for Epidemiologic Studies Depression Scale (CES-D).⁵ Overall, 24% of the sample met the criteria for suffering from depression (scoring three or more depressive symptoms on the scale). Women were more likely to be suffering from depression than men (28% of women compared with 20% of men). Depression tended to increase with age in women (from 25% for women aged 66-74 to 36% for those aged 85 and over), but not in men.

Table 2.11

Quality of life (CASP) and depression (CES-D), by age and sex

All

| CASP, CES-D | Age | | | | Population ^a | | | | | |
|---------------------------------------|-------|-----|-------|------|-------------------------|------|-------|------|-----|--|
| | 66-74 | | 75-84 | | 66-74 | | 75-84 | | 85+ | |
| | % | % | % | % | % | % | % | % | % | |
| Men | | | | | | | | | | |
| <i>CASP (quality of life) tertile</i> | | | | | | | | | | |
| Highest | 42 | 28 | 15 | 35 | 39 | 32 | 18 | 35 | | |
| Middle | 35 | 34 | 43 | 35 | 35 | 34 | 26 | 34 | | |
| Lowest | 22 | 38 | 43 | 30 | 26 | 35 | 56 | 31 | | |
| <i>CES-D depressive symptoms</i> | | | | | | | | | | |
| Below 3 | 83 | 76 | 83 | 80 | 83 | 78 | 70 | 81 | | |
| 3 or above | 17 | 24 | 17 | 20 | 17 | 22 | 30 | 19 | | |
| Women | | | | | | | | | | |
| <i>CASP (quality of life) tertile</i> | | | | | | | | | | |
| Highest | 42 | 28 | 12 | 33 | 41 | 30 | 18 | 34 | | |
| Middle | 29 | 44 | 42 | 36 | 33 | 35 | 29 | 33 | | |
| Lowest | 29 | 28 | 46 | 30 | 27 | 35 | 53 | 33 | | |
| <i>CES-D depressive symptoms</i> | | | | | | | | | | |
| Below 3 | 75 | 71 | 64 | 72 | 73 | 65 | 65 | 69 | | |
| 3 or above | 25 | 29 | 36 | 28 | 27 | 35 | 35 | 31 | | |
| All | | | | | | | | | | |
| <i>CASP (quality of life) tertile</i> | | | | | | | | | | |
| Highest | 42 | 28 | 13 | 34 | 40 | 31 | 18 | 32 | | |
| Middle | 32 | 40 | 42 | 36 | 34 | 34 | 28 | 33 | | |
| Lowest | 26 | 32 | 45 | 30 | 26 | 35 | 54 | 32 | | |
| <i>CES-D depressive symptoms</i> | | | | | | | | | | |
| Below 3 | 79 | 73 | 71 | 76 | 78 | 71 | 66 | 74 | | |
| 3 or above | 21 | 27 | 29 | 24 | 22 | 29 | 34 | 26 | | |
| <i>Bases unweighted^b</i> | | | | | | | | | | |
| Men | 512 | 343 | 67 | 922 | 1085 | 686 | 149 | 1920 | | |
| Women | 501 | 459 | 114 | 1074 | 1239 | 951 | 256 | 2446 | | |
| All | 1013 | 802 | 181 | 1996 | 2324 | 1637 | 405 | 4366 | | |
| <i>Bases weighted</i> | | | | | | | | | | |
| Men | 493 | 326 | 62 | 881 | 1024 | 679 | 147 | 1850 | | |
| Women | 544 | 475 | 115 | 1134 | 1130 | 988 | 334 | 2452 | | |
| All | 1037 | 801 | 177 | 2015 | 2153 | 1667 | 482 | 4302 | | |

^a English Longitudinal Study of Ageing (ELSA) Wave 2, 2004/2005. Household residents aged 66 and over in England.

^b Bases vary slightly, bases shown here are for CES-D.

2.5 Provision of informal care, reliance on help and use of services

Provision of care

Respondents were asked whether they provided informal care (care that is unpaid or not part of a job) for anyone living in their household or for anyone outside their household. Overall, 20% of respondents were providing informal care for at least one person (Table 2.12). 13% of men and 9% of women were providing care for someone that they lived with, while 11% of both men and women were providing care for someone outside of their household.

Table 2.12

Provision of informal care, by sex

All

| Provision of informal care | Sex | | Total |
|---|------------|-------------|-------------|
| | Men | Women | |
| | % | % | % |
| Provides informal care for someone living in household | 13 | 9 | 11 |
| Provides informal care for someone outside of household | 11 | 11 | 11 |
| <i>Provides any informal care^a</i> | <i>22</i> | <i>19</i> | <i>20</i> |
| <i>Bases unweighted</i> | <i>980</i> | <i>1130</i> | <i>2110</i> |
| <i>Bases weighted</i> | <i>918</i> | <i>1193</i> | <i>2111</i> |

^a Respondents could provide informal care both for someone living in their household and someone outside their household.

Reliance on help

Respondents were asked whether they needed and received help with day-to-day activities (such as housework and preparing meals), personal care (such as washing and bathing), or with taking medication at the right time or the correct dose. For each of these, respondents were asked whether they could do the activity by themselves or whether they could only do the activity with help. A quarter of respondents (25%) were reliant on help for at least one of these activities. Women were more likely than men to be reliant on help (32% and 16% respectively). (Table not shown.)

Use of services

Respondents were asked if they currently used a private or local authority provided home help, home care worker, or meals on wheels, or were currently visited by a health professional, social worker, care manager or helper from a voluntary organisation. Overall, 21% of respondents were currently using one or more of these services, 18% of men and 23% of women (Table 2.13). 6% of respondents currently visited a lunch club or day centre. As would be expected, those who were reliant on help were more likely to use these services than those not reliant on help.

Table 2.13

Use of services, by whether reliant on help for daily activities/personal care and sex

All

| Use of services ^a | Whether reliant on help ^b | | Total |
|--------------------------------|--------------------------------------|--------------------------|-------|
| | Reliant on help % | Not reliant on help % | |
| Men | | | |
| Uses services | 49 | 11 | 18 |
| Visits lunch club / day centre | 5 | 4 | 4 |
| Women | | | |
| Uses services | 46 | 12 | 23 |
| Visits lunch club / day centre | 11 | 7 | 8 |
| All | | | |
| Uses services | 47 | 12 | 21 |
| Visits lunch club / day centre | 10 | 5 | 6 |
| <i>Bases unweighted</i> | | | |
| Men | 161 | 818 | 980 |
| Women | 384 | 747 | 1131 |
| All | 545 | 1565 | 2111 |
| <i>Bases weighted</i> | | | |
| Men | 149 | 768 | 918 |
| Women | 383 | 810 | 1193 |
| All | 532 | 1578 | 2111 |

^a Services included private or local authority provided home help, home care worker, meals on wheels, and being visited by a health professional, social worker, care manager or helper from a voluntary organisation.

^b Respondents were coded as being reliant on help if they said they could not carry out the activity without help, or could carry it out, but with difficulty. See Appendix B for the full list of activities asked about.

Notes and references

¹ Children included: natural; adopted; step; in law; foster.

² Intermediate level educational qualification included: A level / higher education below degree; O level or other; CSE or other.

³ The National Statistics Socio-Economic Classification (NS-SEC) is a social classification system that attempts to classify groups on the basis of employment relations, based on characteristics such as career prospects, autonomy, mode of payment and period of notice. There are fourteen operational categories representing different groups of occupations (for example higher and lower managerial, higher and lower professional) and a further three 'residual' categories for full-time students, occupations that cannot be classified due to lack of information or other reasons. The operational categories may be collapsed to form a nine, eight, five or three category system. The prevalence survey uses the five category system in which respondents are classified as managerial and professional, intermediate, small employers and own account workers, lower supervisory and technical, and semi-routine and routine occupations.

⁴ Netuveli G, Wiggins R, Hildan Z, Montgomery S, Blane D. Quality of life at older ages: evidence from the English Longitudinal Study of Ageing (Wave 1) *Journal of Epidemiology and Community and Health*, 2006, 60:357-363.

⁵ Turvey, CL, Wallace, RB, Herzog, R. A revised CES-D measure of depressive symptoms and a DSM-Based measure of major depressive episodes in the elderly, *International Psychogeriatrics*, 1999, 11:139-148.

3 Prevalence of mistreatment

- Overall, 2.6% of people aged 66 and over living in private households reported that they had experienced mistreatment involving a family member, close friend or care worker during the past year.
- This equates to about 227,000 people aged 66 and over in the UK who were neglected or abused in the past year.
- Prevalence rates for the individual types of mistreatment were: neglect (1.1% or 11 people in 1000), financial (0.7% or 7 people in 1000), psychological (0.4% or 4 people in 1000), physical (0.4% or 4 people in 1000) and sexual (0.2% or 2 people in 1000). 6% of those who had experienced mistreatment in the past year reported two different types of mistreatment.
- Women were more likely to say that they had experienced mistreatment than men (3.8% of women vs. 1.1% of men).
- Men aged 85 and over were more likely to have experienced financial abuse than men in the younger age groups, whereas women aged 85 and over were more likely to have been neglected.
- Looking at the prevalence of abuse excluding neglect, it increased with age for men, but decreased with age for women.
- Mistreatment varied by socio-economic position (from 4.3% of those who last worked in semi-routine and routine occupations to 0.1% of small employers and own account workers). Overall, and among both sexes, those who lived in rented housing (social or private) tended to have higher prevalence rates than owner-occupiers.
- Mistreatment varied by marital status (from 9.4% of those who were separated or divorced to 1.4% of those who were widowed). People living alone were more likely than those living with others to have experienced financial abuse in the past year.
- Prevalence of mistreatment increased with declining health status. The level of mistreatment was higher for people with: a self-reported health status of bad or very bad, a limiting long-term illness, a lower quality of life, and for those suffering from depression. Overall, there was a higher prevalence of mistreatment among people who reported feeling lonely in the past week compared with those who had not felt lonely.

3.1 One year prevalence of mistreatment

Overall prevalence

In this section the prevalence of mistreatment is examined for the UK as a whole, by country, sex and age group. Table 3.1 shows the prevalence estimate of mistreatment in the UK in the past year; it also shows the estimated number of people in the UK population experiencing mistreatment (along with the upper and lower 95% confidence intervals) based on these rates of prevalence.

Table 3.1

One year prevalence of mistreatment

All

| Type of mistreatment | Prevalence % | 95% confidence interval % | Number in UK population N | 95% confidence interval N |
|--|-----------------|---------------------------------|---------------------------------|---------------------------------|
| Neglect | 1.1 | 0.6 - 1.8 | 93,200 | 55,300 - 156,500 |
| Financial | 0.7 | 0.3 - 1.3 | 56,600 | 27,600 - 115,800 |
| Psychological | 0.4 | 0.2 - 1.0 | 38,600 | 16,600 - 89,400 |
| Physical | 0.4 | 0.2 - 1.1 | 38,100 | 15,700 - 91,800 |
| Sexual | 0.2 | 0.0 - 1.1 | 13,100 | 1,800 - 92,300 |
| Any mistreatment^a | 2.6 | 1.9 - 3.8 | 227,000 | 159,200 - 322,600 |
| Any abuse excluding neglect^b | 1.6 | 1.0 - 2.5 | 135,300 | 84,100 - 217,000 |
| <i>Bases unweighted^b</i> | <i>2106</i> | <i>2106</i> | <i>8,586,890</i> | <i>8,586,890</i> |
| <i>Bases weighted</i> | <i>2106</i> | <i>2106</i> | <i>-</i> | <i>-</i> |

^a Respondents could mention more than one type of mistreatment.

^b Bases vary slightly, bases shown here are for neglect.

Overall, 2.6% of people aged 66 and over reported that they had experienced mistreatment during the past year. Given that there were about 8,587,000 people aged 66 and over living in private households in the UK in 2004,¹ a prevalence rate of 2.6% equates to about 227,000 people aged 66 and over experiencing mistreatment, or around one in forty of the older population. When neglect is excluded, 1.6% of people had experienced abuse during the past year, which is equivalent to about 135,300 people aged 66 and over.

The most predominant type of mistreatment reported was neglect (1.1%), followed by financial abuse (0.7%). The prevalence of psychological and physical abuse were similar (both 0.4%), and sexual abuse was the least reported type (0.2%).

Due to the small number of reported cases of psychological, physical and sexual abuse in the survey, prevalence rates for these types of abuse have been combined and are reported as “interpersonal abuse” in the remainder of the tables in this report.

When considering the prevalence rates, it is important to keep in mind the wide range of behaviours being measured by the survey (see Figure 1.1, Chapter 1) and the types of mistreatment mentioned by respondents can be found in Section 3.2.

Prevalence by country

The one year prevalence estimates for each country were: 2.6% in England, 3.1% in Wales, 3.0% in Scotland and 2.0% in Northern Ireland (Table 3.2). (The differences between countries were not

statistically significant overall.) As for the UK as a whole, neglect was the most commonly reported type of mistreatment in each country.

There were significant differences by country for men, but not for women. The prevalence of mistreatment among men was 4.5% in Scotland, 2.4% in Northern Ireland, 2.1% in Wales and 0.7% in England. The higher level of mistreatment amongst men in Scotland was mainly due to neglect: 2.1% of men in Scotland reported neglect compared with 1.6% of men in Wales and 0.3% of men in England (there were no reports of neglect among men in Northern Ireland). When neglect was excluded, the level of abuse for men was 2.4% in both Scotland and Northern Ireland, 0.5% in Wales and 0.4% in England.

Table 3.2

Type of mistreatment in the past year, by country and sex

All

| Type of mistreatment | Country | | | | Total % |
|-------------------------------------|--------------|------------|---------------|--------------------------|------------|
| | England % | Wales % | Scotland % | Northern Ireland % | |
| Men | | | | | |
| Neglect | 0.3 | 1.6 | 2.1 | - | 0.5 |
| Financial | 0.4 | 0.5 | 1.9 | 1.2 | 0.6 |
| Interpersonal ^a | - | - | 0.4 | 1.2 | 0.1 |
| Any mistreatment | 0.7 | 2.1 | 4.5 | 2.4 | 1.1 |
| Any abuse excluding neglect | 0.4 | 0.5 | 2.4 | 2.4 | 0.6 |
| Women | | | | | |
| Neglect | 1.6 | 1.9 | 0.8 | 1.8 | 1.5 |
| Financial | 0.7 | 1.9 | - | - | 0.7 |
| Interpersonal ^a | 1.7 | 1.4 | 1.1 | - | 1.6 |
| Any mistreatment | 4.1 | 3.9 | 1.9 | 1.8 | 3.8 |
| Any abuse excluding neglect | 2.5 | 2.9 | 1.1 | - | 2.3 |
| All | | | | | |
| Neglect | 1.0 | 1.8 | 1.4 | 1.0 | 1.1 |
| Financial | 0.6 | 1.3 | 0.8 | 0.5 | 0.7 |
| Interpersonal ^a | 1.0 | 0.8 | 0.8 | 0.5 | 0.9 |
| Any mistreatment | 2.6 | 3.1 | 3.0 | 2.0 | 2.6 |
| Any abuse excluding neglect | 1.6 | 1.9 | 1.6 | 1.0 | 1.6 |
| <i>Bases unweighted^b</i> | | | | | |
| <i>Men</i> | 507 | 141 | 158 | 172 | 978 |
| <i>Women</i> | 540 | 185 | 206 | 197 | 1128 |
| <i>All</i> | 1047 | 326 | 364 | 369 | 2106 |
| <i>Bases weighted</i> | | | | | |
| <i>Men</i> | 770 | 49 | 76 | 22 | 917 |
| <i>Women</i> | 989 | 65 | 104 | 31 | 1189 |
| <i>All</i> | 1759 | 114 | 180 | 54 | 2106 |

^a Interpersonal abuse includes psychological, physical and sexual abuse.

^b Bases vary slightly, bases shown here are for neglect.

Prevalence by sex

Overall, women were more likely to have experienced mistreatment than men: 3.8% of women and 1.1% of men reported mistreatment in the past year (Table 3.2). When neglect was excluded, the prevalence rate for abuse was also higher for women (2.3%) compared with men (0.6%). Women were more likely than men to have experienced neglect and interpersonal abuse, whereas the prevalence of financial abuse was similar for both sexes.

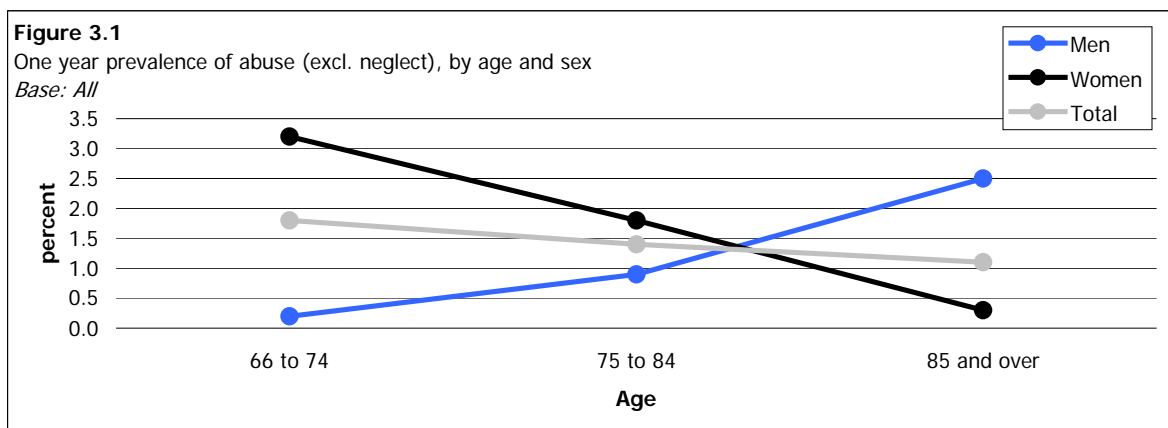
In England, women were more likely to have experienced mistreatment than men (4.1% of women compared with 0.7% of men), whereas in Wales, Scotland and Northern Ireland, there were no significant differences between men and women (although this may be due to the small bases for each country).

Prevalence by age

To look at the relationship between mistreatment and age, the sample was divided into three age groups: 66-74 years, 75-84 years and 85 years and over. Table 3.3 shows that 4.1% of people aged 85 and over reported mistreatment compared with 2.8% of people aged 66-74 and 2.1% of people aged 75-84. Although these differences were not significant, the high prevalence among the older age group is mainly explained by neglect: people aged 85 and over were significantly more likely to have experienced neglect than people aged 66-84 (3.2% compared with 0.9%).

The prevalence of financial abuse was 0.4% among those aged 66-74, 0.9% among those aged 75-84, and 1.0% among adults aged 85 and over. For interpersonal abuse, the prevalence rate among people aged 66-74 was 1.4%, and among people aged 75-84 it was 0.5%. Perhaps surprisingly, no one aged 85 and over in the survey reported interpersonal abuse in the past year. While it cannot be inferred that there is no interpersonal abuse at all in the general population amongst this age group, this result does suggest that the prevalence rate is likely to be low.

The prevalence of neglect was highest among women aged 85 and over (5.0%, compared with 1.1% among women aged 66-84). As Figure 3.1 shows, when neglect was excluded, abuse among women decreased with age: 3.2% of women aged 66-74 reported abuse compared with 0.3% of women aged 85 and over.



In contrast, among men the prevalence of abuse increased with age, from 0.5% of men aged 66-84 to 2.5% of men aged 85 and over. This was largely explained by an increase in financial abuse: the proportion of men aged 85 and over reporting financial abuse was 2.5%, six times as many as the proportion of men aged 66-84 (0.4%).

Table 3.3

Type of mistreatment in the past year, by age and sex

All

| Type of mistreatment | Age | | | Total % |
|-------------------------------------|------------|------------|------------------|------------|
| | 66-74 % | 75-84 % | 85 and over % | |
| Men | | | | |
| Neglect | 0.8 | 0.2 | - | 0.5 |
| Financial | 0.2 | 0.8 | 2.5 | 0.6 |
| Interpersonal ^a | 0.0 | 0.1 | - | 0.1 |
| Any mistreatment | 1.0 | 1.1 | 2.5 | 1.1 |
| Any abuse excluding neglect | 0.2 | 0.9 | 2.5 | 0.6 |
| Women | | | | |
| Neglect | 1.3 | 1.0 | 5.0 | 1.5 |
| Financial | 0.6 | 1.0 | 0.3 | 0.7 |
| Interpersonal ^a | 2.6 | 0.8 | - | 1.6 |
| Any mistreatment | 4.5 | 2.7 | 5.0 | 3.8 |
| Any abuse excluding neglect | 3.2 | 1.8 | 0.3 | 2.3 |
| All | | | | |
| Neglect | 1.0 | 0.7 | 3.2 | 1.1 |
| Financial | 0.4 | 0.9 | 1.0 | 0.7 |
| Interpersonal ^a | 1.4 | 0.5 | - | 0.9 |
| Any mistreatment | 2.8 | 2.1 | 4.1 | 2.6 |
| Any abuse excluding neglect | 1.8 | 1.4 | 1.1 | 1.6 |
| <i>Bases unweighted^b</i> | | | | |
| <i>Men</i> | 544 | 363 | 71 | 978 |
| <i>Women</i> | 513 | 487 | 128 | 1128 |
| <i>All</i> | 1057 | 850 | 199 | 2106 |
| <i>Bases weighted</i> | | | | |
| <i>Men</i> | 513 | 338 | 66 | 917 |
| <i>Women</i> | 557 | 509 | 123 | 1189 |
| <i>All</i> | 1071 | 847 | 189 | 2106 |

^a Interpersonal abuse includes psychological, physical and sexual abuse.

^b Bases vary slightly, bases shown here are for neglect.

3.2 Types of mistreatment reported

Neglect

Overall, 1.1% of the sample reported that they had been neglected in the past year: 0.5% of men and 1.5% of women. To be neglected, the person must rely on help from others to carry out day to day or personal care activities, or to take medication at the right dose and time. 25% of respondents said that they relied on help in this way and, when only these people were considered, the prevalence of neglect rose to 4.3% overall, 3.1% for men and 4.8% for women.

Of those who reported being neglected, 85% had not received help with a day to day activity (such as shopping, housework or meal preparation), 41% had not received help with personal care (such as getting in and out of bed, washing, using the toilet, dressing and eating), and 20% had not received help with taking medication at the right time or dose. (The percentages total more than 100, as respondents could mention more than one category.) In each case, there was an expectation that this help was going to be provided, and the person was unable to carry out the activity without assistance. According to the survey definition, neglect occurs if help was not provided at least 10 times in the past year, or less than 10 times but judged by the person to have a “very serious” effect.

Financial abuse

Respondents who reported financial abuse mentioned: theft of money, possessions or property; the use of fraud to take money, possessions or property; being made to give someone money, possessions or property against their will; and attempted theft and attempted use of fraud.

Psychological abuse

People who had been psychologically abused reported being: undermined or belittled; insulted, called names or sworn at; prevented from seeing others; and excluded or repeatedly ignored. These had occurred 10 or more times in the past year involving the same person.²

Physical abuse

Incidents of physical abuse in the past year included violence (being slapped; being grabbed, pushed or shoved; being kicked, bit or hit with a fist); there were also reports of restraint (for example being locked in a room). There were no examples of a weapon being used.

Respondents who reported physical abuse by a family member were asked questions to ascertain whether there was a history of violence in the relationship. This applied in about two-fifths of cases.

Sexual abuse

The only reports of sexual abuse had to do with being talked to in a sexual way that had made the person feel uncomfortable and being touched in a sexual way against their will. These reports are at the less serious end of abuse and are more properly classified as harassment.

3.3 Clustering of mistreatment

Of those who had experienced mistreatment in the past year, 6% had reported two different types of mistreatment. All cases of this in the survey were found among women (none among men); 8% of

women who had been mistreated had experienced two different types of mistreatment. (Table not shown.)

The likelihood of having experienced two types of mistreatment differed by mistreatment category, ranging from 15% of those who had experienced interpersonal abuse, to 6% of those who had been financially abused and 3% of those who had been neglected.

3.4 Mistreatment and socio-demographic factors

This section examines the prevalence of mistreatment by a number of socio-demographic factors including marital status, living arrangements, educational attainment, National Statistics Socio-Economic Classification (NS-SEC) and tenure.

Marital status

Prevalence of mistreatment varied by marital status, ranging from 9.4% of those who were separated or divorced, to 2.6% of those who were single, 2.4% of those who were married or cohabiting, and 1.4% of those who were widowed (Table 3.4).

Table 3.4

Type of mistreatment in the past year, by marital status and sex

All

| Type of mistreatment | Marital status | | | |
|-------------------------------------|----------------|---|-------------------------------|--------------|
| | Single % | Living as a couple (married or cohabiting) % | Separated or divorced % | Widowed % |
| Men | | | | |
| Neglect | - | 0.7 | - | - |
| Financial | 0.2 | 0.4 | 0.4 | 1.4 |
| Interpersonal ^a | - | 0.0 | - | 0.2 |
| Any mistreatment | 0.2 | 1.2 | 0.4 | 1.6 |
| Any abuse excluding neglect | 0.2 | 0.5 | 0.4 | 1.6 |
| Women | | | | |
| Neglect | 4.6 | 2.2 | 2.3 | 0.4 |
| Financial | - | - | 5.3 | 0.7 |
| Interpersonal ^a | - | 1.8 | 7.8 | 0.4 |
| Any mistreatment | 4.6 | 4.0 | 15.4 | 1.3 |
| Any abuse excluding neglect | - | 1.8 | 13.1 | 1.1 |
| All | | | | |
| Neglect | 2.5 | 1.4 | 1.3 | 0.3 |
| Financial | 0.1 | 0.2 | 3.3 | 0.9 |
| Interpersonal ^a | - | 0.8 | 4.7 | 0.3 |
| Any mistreatment | 2.6 | 2.4 | 9.4 | 1.4 |
| Any abuse excluding neglect | 0.1 | 1.1 | 8.0 | 1.2 |
| <i>Bases unweighted^b</i> | | | | |
| <i>Men</i> | <i>63</i> | <i>654</i> | <i>54</i> | <i>206</i> |
| <i>Women</i> | <i>72</i> | <i>389</i> | <i>85</i> | <i>582</i> |
| <i>All</i> | <i>135</i> | <i>1043</i> | <i>139</i> | <i>788</i> |
| <i>Bases weighted</i> | | | | |
| <i>Men</i> | <i>50</i> | <i>647</i> | <i>65</i> | <i>154</i> |
| <i>Women</i> | <i>58</i> | <i>518</i> | <i>95</i> | <i>517</i> |
| <i>All</i> | <i>108</i> | <i>1165</i> | <i>161</i> | <i>671</i> |

^a Interpersonal abuse includes psychological, physical and sexual abuse.

^b Bases vary slightly, bases shown here are for neglect.

There were differences by sex, however, with this pattern found among women, but not men. The rates of financial and interpersonal abuse also differed significantly across marital status categories for women. An interesting result that might merit further investigation was the particularly high prevalence of mistreatment among separated or divorced women (15.4%).

Whether lives alone or with others

Respondents were asked whom they lived with and their relationship to other household members (see Section 2.2).

Living arrangement was significantly associated with the level of abuse excluding neglect: 2.5% of those who lived alone reported abuse, compared with 1.1% of those who lived with a partner and 0.4% of those who lived with others but not with a partner (Table 3.5). This difference was largely accounted for by financial abuse, which ranged from 1.3% of those who lived alone, to 0.4% of those who lived with others but not with a partner and 0.2% of those who lived with a partner. This pattern for financial abuse was seen among both men and women, but was only significant for women.

Table 3.5

Type of mistreatment in the past year, by living arrangement and sex

All

| Type of mistreatment | Living arrangement | | |
|-------------------------------------|--------------------|---|--|
| | Lives alone % | Lives with at least one other, including partner % | Lives with at least one other, not with partner % |
| Men | | | |
| Neglect | - | 0.7 | - |
| Financial | 1.0 | 0.4 | 0.7 |
| Interpersonal ^a | 0.1 | 0.0 | - |
| Any mistreatment | 1.1 | 1.2 | 0.7 |
| Any abuse excluding neglect | 1.1 | 0.5 | 0.7 |
| Women | | | |
| Neglect | 1.2 | 2.2 | - |
| Financial | 1.4 | - | 0.3 |
| Interpersonal ^a | 1.6 | 1.8 | 0.3 |
| Any mistreatment | 4.1 | 4.0 | 0.3 |
| Any abuse excluding neglect | 3.1 | 1.8 | 0.3 |
| All | | | |
| Neglect | 0.9 | 1.4 | - |
| Financial | 1.3 | 0.2 | 0.4 |
| Interpersonal ^a | 1.2 | 0.8 | 0.2 |
| Any mistreatment | 3.3 | 2.4 | 0.4 |
| Any abuse excluding neglect | 2.5 | 1.1 | 0.4 |
| <i>Bases unweighted^b</i> | | | |
| <i>Men</i> | <i>264</i> | <i>654</i> | <i>60</i> |
| <i>Women</i> | <i>620</i> | <i>389</i> | <i>119</i> |
| <i>All</i> | <i>884</i> | <i>1043</i> | <i>179</i> |
| <i>Bases weighted</i> | | | |
| <i>Men</i> | <i>229</i> | <i>647</i> | <i>41</i> |
| <i>Women</i> | <i>584</i> | <i>518</i> | <i>87</i> |
| <i>All</i> | <i>813</i> | <i>1165</i> | <i>129</i> |

^a Interpersonal abuse includes psychological, physical and sexual abuse.

^b Bases vary slightly, bases shown here are for neglect.

Education

Most respondents had not achieved a high educational qualification (see Section 2.2).

The prevalence of mistreatment overall did not vary significantly by level of educational qualification. 3.4% of those with no educational qualification, 3.0% of those with a degree level qualification and 1.6% of those with an intermediate level qualification reported mistreatment (Table 3.6).

Table 3.6

Type of mistreatment in the past year, by educational attainment and sex

All

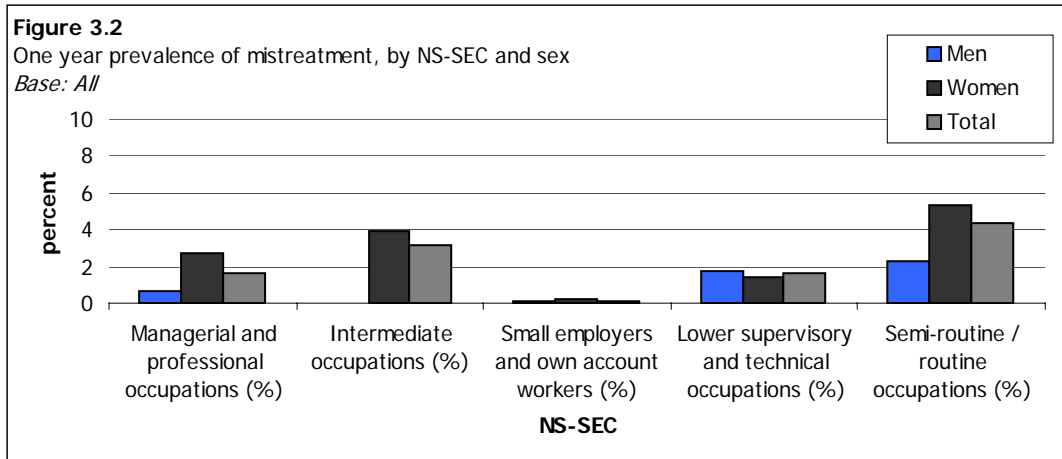
| Type of mistreatment | Educational attainment | | |
|-------------------------------------|------------------------|-------------------|-----------------------|
| | Degree and higher % | Intermediate % | No qualification % |
| Men | | | |
| Neglect | 0.2 | 0.7 | 0.4 |
| Financial | - | 0.6 | 0.7 |
| Interpersonal ^a | - | - | 0.1 |
| Any mistreatment | 0.2 | 1.2 | 1.3 |
| Any abuse excluding neglect | - | 0.6 | 0.9 |
| Women | | | |
| Neglect | 3.2 | - | 2.4 |
| Financial | - | 1.0 | 0.6 |
| Interpersonal ^a | 5.0 | 0.9 | 1.7 |
| Any mistreatment | 8.2 | 1.9 | 4.6 |
| Any abuse excluding neglect | 5.0 | 1.9 | 2.3 |
| All | | | |
| Neglect | 1.3 | 0.3 | 1.7 |
| Financial | - | 0.8 | 0.7 |
| Interpersonal ^a | 1.8 | 0.5 | 1.2 |
| Any mistreatment | 3.0 | 1.6 | 3.4 |
| Any abuse excluding neglect | 1.8 | 1.2 | 1.8 |
| <i>Bases unweighted^b</i> | | | |
| <i>Men</i> | 117 | 388 | 470 |
| <i>Women</i> | 59 | 406 | 661 |
| <i>All</i> | 176 | 794 | 1131 |
| <i>Bases weighted</i> | | | |
| <i>Men</i> | 116 | 408 | 390 |
| <i>Women</i> | 62 | 436 | 688 |
| <i>All</i> | 179 | 843 | 1078 |

^a Interpersonal abuse includes psychological, physical and sexual abuse.

^b Bases vary slightly, bases shown here are for neglect.

Socio-economic classification

As respondents in this survey were past the age of retirement, NS-SEC was based on the respondent's main job before retirement (see Section 2.2). NS-SEC had a significant impact on the level of mistreatment overall, and on the level of neglect. Overall, the level of mistreatment ranged from 4.3% of those who had worked in semi-routine and routine occupations, 3.2% of those who had intermediate occupations, 1.6% of those who had managerial and lower supervisory occupations, and 0.1% of those who were small employers (Figure 3.2 and Table 3.7).



Among both men and women, those who had semi-routine and routine occupations had the highest prevalence of mistreatment (2.3% men, 5.3% women), although the differences within each sex were not significant.

Table 3.7

Type of mistreatment in the past year, by National Statistics Socio-Economic Classification (NS-SEC) and sex

All

| Type of mistreatment | NS-SEC | | | | |
|-------------------------------------|---|----------------------------|---|---|------------------------------------|
| | Managerial and professional occupations % | Intermediate occupations % | Small employers and own account workers % | Lower supervisory and technical occupations % | Semi-routine/routine occupations % |
| Men | | | | | |
| Neglect | 0.5 | - | - | 0.6 | 0.8 |
| Financial | 0.1 | - | - | 1.0 | 1.4 |
| Interpersonal ^a | 0.1 | - | 0.1 | - | 0.1 |
| Any mistreatment | 0.6 | - | 0.1 | 1.7 | 2.3 |
| Any abuse excluding neglect | 0.2 | - | 0.1 | 1.1 | 1.5 |
| Women | | | | | |
| Neglect | 0.2 | 1.8 | 0.2 | 0.6 | 2.4 |
| Financial | 0.7 | 1.1 | - | - | 0.9 |
| Interpersonal ^a | 1.7 | 1.0 | - | 0.9 | 2.1 |
| Any mistreatment | 2.7 | 3.9 | 0.2 | 1.4 | 5.3 |
| Any abuse excluding neglect | 2.5 | 2.0 | - | 0.9 | 3.0 |
| All | | | | | |
| Neglect | 0.3 | 1.5 | 0.1 | 0.6 | 1.9 |
| Financial | 0.4 | 0.9 | - | 0.7 | 1.0 |
| Interpersonal ^a | 0.8 | 0.8 | 0.0 | 0.3 | 1.5 |
| Any mistreatment | 1.6 | 3.2 | 0.1 | 1.6 | 4.3 |
| Any abuse excluding neglect | 1.2 | 1.7 | 0.0 | 1.0 | 2.5 |
| <i>Bases unweighted^b</i> | | | | | |
| <i>Men</i> | 361 | 44 | 136 | 185 | 248 |
| <i>Women</i> | 284 | 200 | 73 | 68 | 428 |
| <i>All</i> | 645 | 244 | 209 | 253 | 676 |
| <i>Bases weighted</i> | | | | | |
| <i>Men</i> | 357 | 46 | 115 | 188 | 212 |
| <i>Women</i> | 293 | 228 | 72 | 78 | 447 |
| <i>All</i> | 650 | 274 | 186 | 265 | 658 |

^a Interpersonal abuse includes psychological, physical and sexual abuse.

^b Bases vary slightly, bases shown here are for neglect.

Tenure

Overall, and among both sexes, those who lived in rented accommodation (social or private) tended to have higher prevalence rates than owner-occupiers (own outright or buying with mortgage) (Table 3.8). These differences were significant for men and women combined, and for women only (but not for men only).

Similarly, the rate of financial abuse varied significantly by housing tenure for men and women combined, and for women only (but not for men only).

Table 3.8

Type of mistreatment in the past year, by housing tenure and sex

| <i>All</i> | | | | | |
|-------------------------------------|------------------|-------------------|--------------------|--|-------------------|
| Type of mistreatment | Tenure | | | | Lives rent free % |
| | Owner occupied % | Rented – social % | Rented – private % | | |
| Men | | | | | |
| Neglect | 0.6 | 0.3 | [-] | | - |
| Financial | 0.3 | 2.0 | [-] | | - |
| Interpersonal ^a | 0.0 | - | [-] | | 1.2 |
| Any mistreatment | 0.9 | 2.3 | [-] | | 1.2 |
| Any abuse excluding neglect | 0.3 | 2.0 | [-] | | 1.2 |
| Women | | | | | |
| Neglect | 1.4 | 2.2 | [-] | | 1.2 |
| Financial | 0.4 | 0.9 | [10.5] | | - |
| Interpersonal ^a | 1.5 | 1.6 | [6.4] | | - |
| Any mistreatment | 3.2 | 4.7 | [16.9] | | 1.2 |
| Any abuse excluding neglect | 1.9 | 2.4 | [16.9] | | - |
| All | | | | | |
| Neglect | 1.1 | 1.4 | - | | 0.6 |
| Financial | 0.3 | 1.3 | 5.5 | | - |
| Interpersonal ^a | 0.8 | 0.9 | 3.3 | | 0.6 |
| Any mistreatment | 2.2 | 3.7 | 8.8 | | 1.2 |
| Any abuse excluding neglect | 1.2 | 2.2 | 8.8 | | 0.6 |
| <i>Bases unweighted^b</i> | | | | | |
| <i>Men</i> | <i>747</i> | <i>167</i> | <i>28</i> | | <i>34</i> |
| <i>Women</i> | <i>833</i> | <i>223</i> | <i>28</i> | | <i>39</i> |
| <i>All</i> | <i>1580</i> | <i>390</i> | <i>56</i> | | <i>73</i> |
| <i>Bases weighted</i> | | | | | |
| <i>Men</i> | <i>709</i> | <i>156</i> | <i>28</i> | | <i>24</i> |
| <i>Women</i> | <i>903</i> | <i>224</i> | <i>31</i> | | <i>26</i> |
| <i>All</i> | <i>1612</i> | <i>380</i> | <i>58</i> | | <i>49</i> |

^a Interpersonal abuse includes psychological, physical and sexual abuse.

^b Bases vary slightly, bases shown here are for neglect.

3.5 Mistreatment and social contact

Regular social contact

Respondents were asked about contact with a range of individuals, covering three levels of contact (see Section 2.3). This analysis examines whether respondents regularly met with a family member or friend.

Those who did not have regular contact were no more or less likely than those who did have this contact to have experienced mistreatment overall (Table 3.9). However, those living alone with no regular contact with friends or family reported a notably high level of neglect (7.1%, compared with 1.0% of those who did have regular social contact, and 0.3% of those who did not have regular social contact but lived with others). The level of neglect varied significantly by social contact for men and women combined, and for women only (but not for men only).

Regular group involvement

Respondents were also asked whether they regularly (at least once a month) took part in the activities of any groups (see Section 2.3). Men who had no regular group involvement were more likely to have experienced any abuse excluding neglect (0.3% of those involved in group activities, compared with 1.1% of those not involved) (Table 3.9). This difference could be attributed to financial abuse; 1.0% of men not involved in group activities reported financial abuse compared with 0.2% of men who were involved. This difference for men was not seen when looking at mistreatment overall (including neglect), and no differences were observed among women.

Loneliness in past week

In addition to questions about social contact, respondents were asked whether they had felt lonely much of the time during the past week.

This appeared to be linked to some types of mistreatment – 5.9% of those who reported being lonely in the past week had experienced any mistreatment, compared with 2.1% who had not felt lonely (Table 3.9). This was significant for women (7.5% of those who had felt lonely compared with 3.0% who had not) but not for men (2.2% compared with 1.1%). The overall figures for abuse (excluding neglect) were 4.2% of those who had felt lonely and 1.3% of those who had not, and again this was significant for women (5.4% compared with 1.8%) but not for men (1.5% compared with 0.6%). Women who reported loneliness in the past week were more likely to have experienced financial abuse than those who did not (2.7% compared with 0.4%).

Table 3.9

Type of mistreatment in the past year, by social contact and sex

All

| Type of mistreatment | Regular social contact ^a | | | Regular group involvement ^b | | Felt lonely in past week ^c | |
|-------------------------------------|-------------------------------------|------------------------|------------------|--|-----|---------------------------------------|------|
| | Yes | No – lives with others | No – lives alone | Yes | No | Yes | No |
| | % | % | % | % | % | % | % |
| Men | | | | | | | |
| Neglect | 0.5 | 0.6 | [-] | 0.7 | 0.2 | 0.6 | 0.5 |
| Financial | 0.6 | - | [-] | 0.2 | 1.0 | 0.8 | 0.6 |
| Interpersonal ^d | 0.1 | - | [-] | 0.1 | 0.1 | 0.7 | - |
| Any mistreatment | 1.2 | 0.6 | [-] | 1.0 | 1.4 | 2.2 | 1.1 |
| Any abuse excluding neglect | 0.7 | - | [-] | 0.3 | 1.1 | 1.5 | 0.6 |
| Women | | | | | | | |
| Neglect | 1.4 | - | 8.6 | 1.6 | 1.5 | 2.1 | 1.2 |
| Financial | 0.8 | - | - | 0.6 | 0.9 | 2.7 | 0.4 |
| Interpersonal ^d | 1.7 | - | - | 1.5 | 1.7 | 2.9 | 1.4 |
| Any mistreatment | 3.8 | - | 8.6 | 3.7 | 4.0 | 7.5 | 3.0 |
| Any abuse excluding neglect | 2.4 | - | - | 2.2 | 2.5 | 5.4 | 1.8 |
| All | | | | | | | |
| Neglect | 1.0 | 0.3 | 7.1 | 1.2 | 0.9 | 1.6 | 0.9 |
| Financial | 0.7 | - | - | 0.5 | 1.0 | 2.1 | 0.5 |
| Interpersonal ^d | 1.0 | - | - | 0.9 | 1.0 | 2.2 | 0.8 |
| Any mistreatment | 2.6 | 0.3 | 7.1 | 2.5 | 2.8 | 5.9 | 2.1 |
| Any abuse excluding neglect | 1.7 | - | - | 1.4 | 1.9 | 4.2 | 1.3 |
| <i>Bases unweighted^e</i> | | | | | | | |
| <i>Men</i> | 928 | 37 | 13 | 587 | 391 | 101 | 825 |
| <i>Women</i> | 1066 | 30 | 32 | 703 | 424 | 176 | 904 |
| <i>All</i> | 1994 | 67 | 45 | 1290 | 815 | 277 | 1729 |
| <i>Bases weighted</i> | | | | | | | |
| <i>Men</i> | 877 | 34 | 6 | 538 | 379 | 82 | 804 |
| <i>Women</i> | 1130 | 31 | 28 | 729 | 457 | 179 | 962 |
| <i>All</i> | 2007 | 65 | 34 | 1268 | 836 | 262 | 1766 |

^a Regular social contact was defined as seeing the same person (friend or family) at least once a month.

^b Regular group involvement was defined as at least once a month. See Section 2.3 for description of groups included.

^c This measure has a relatively low base because it was asked in the self-completion questionnaire which was not completed by all respondents (see Appendix A).

^d Interpersonal abuse includes psychological, physical and sexual abuse.

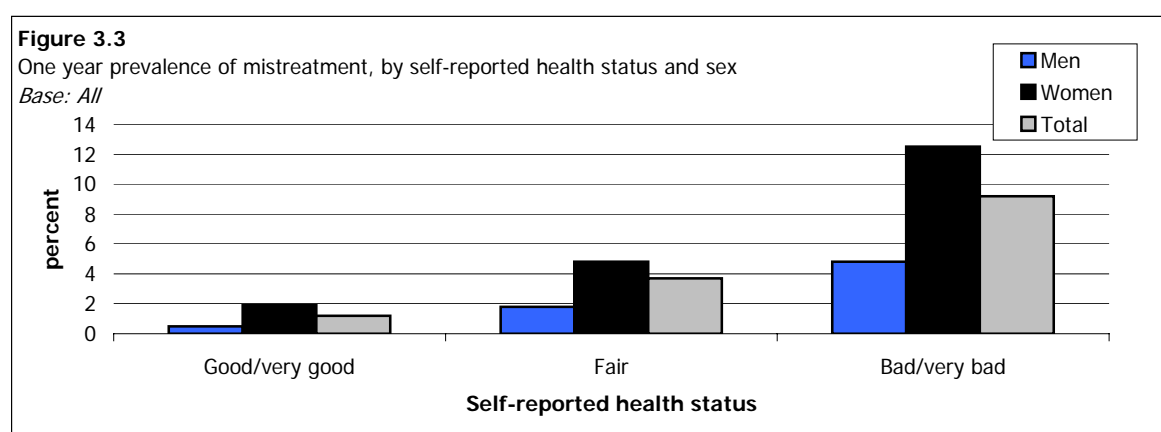
^e Bases vary slightly, bases shown here are for neglect.

3.6 Mistreatment and health

Respondents were asked about their general health status and experience of long-term and limiting long-term illness. Additional questions were included to examine quality of life and to screen for signs of depression (see Section 2.4).

Self-reported health status

Overall, mistreatment rose significantly with declining health. Among all adults, the level of mistreatment varied from 9.2% of those with self-reported bad or very bad health to 3.7% of those with fair health and 1.2% of those with good or very good health (Figure 3.3 and Table 3.10). In particular, levels of neglect were highest for those in the lowest category of general health (5.1% of people with bad or very bad health) compared with people who reported being in good or very good health (0.4%).



The level of mistreatment among men with self-reported bad/very bad health was almost 10 times higher than the level among men with self-reported good/very good health (4.8% compared with 0.5%). The same pattern was found for abuse excluding neglect (2.6% and 0.1% respectively). Men with bad/very bad health were significantly more likely to experience neglect (2.3%) and financial abuse (2.5%) compared with men with good/very good health (0.3% and <0.05% respectively).

Similarly, 12.5% of women with self-reported bad/very bad health reported mistreatment compared with 1.9% of women with self-reported good/very good health. Neglect was particularly high for women with bad/very bad health (7.3%, nearly 15 times higher than the 0.5% prevalence of neglect amongst women with self-reported good/very good health). The rates of abuse excluding neglect showed a similar trend, ranging from 5.0% for women with bad/very bad health to 1.5% of those with good/very good health (although these differences were not significant).

Long-term illness

Long-term illness also had a significant association with mistreatment: 4.5% of those with a limiting long-term illness reported mistreatment, compared with 1.5% of those with no long-term illness and 0.7% of those with a non-limiting long-term illness (Figure 3.4 and Table 3.10). This was mainly due to neglect, which was significantly higher among those with a limiting long-term illness for both men

and women. Rates of abuse excluding neglect did not show any significant differences between those with a limiting long-term illness and those with no long-term illness.

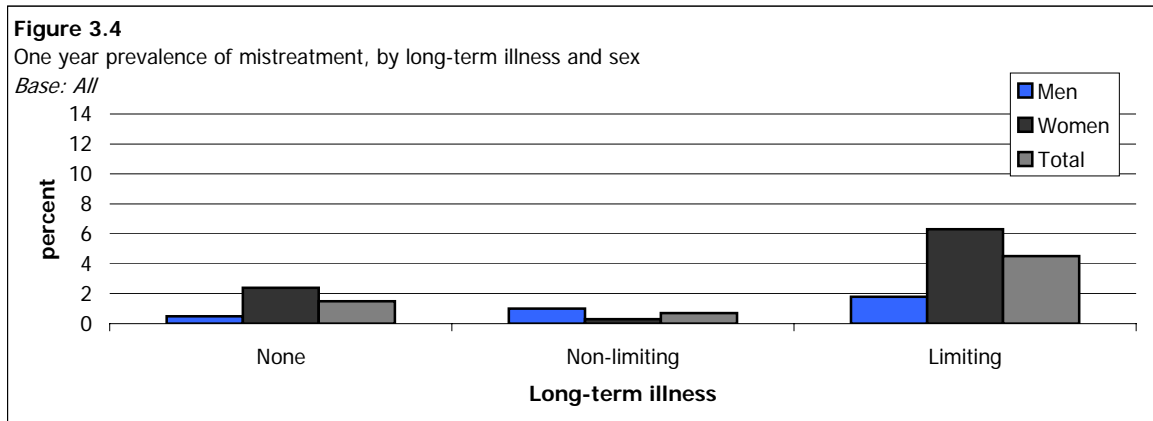


Table 3.10

Type of mistreatment in the past year, by general health, long-term illness and sex

All

| Type of mistreatment | General health | | | Long-term illness | | |
|-------------------------------------|------------------|--------|----------------|-------------------|----------------|------------|
| | Good/very good % | Fair % | Bad/very bad % | None % | Non-limiting % | Limiting % |
| Men | | | | | | |
| Neglect | 0.3 | 0.4 | 2.3 | - | 0.2 | 1.1 |
| Financial | 0.0 | 1.3 | 2.5 | 0.5 | 0.7 | 0.5 |
| Interpersonal ^a | 0.1 | 0.0 | - | - | 0.1 | 0.1 |
| Any mistreatment | 0.5 | 1.8 | 4.8 | 0.5 | 1.0 | 1.8 |
| Any abuse excluding neglect | 0.1 | 1.4 | 2.6 | 0.5 | 0.8 | 0.6 |
| Women | | | | | | |
| Neglect | 0.5 | 1.9 | 7.3 | - | 0.1 | 3.1 |
| Financial | 0.6 | 0.7 | 2.0 | 0.9 | 0.3 | 0.8 |
| Interpersonal ^a | 0.9 | 2.3 | 3.3 | 1.5 | - | 2.3 |
| Any mistreatment | 1.9 | 4.8 | 12.5 | 2.4 | 0.3 | 6.3 |
| Any abuse excluding neglect | 1.5 | 2.9 | 5.0 | 2.4 | 0.3 | 3.1 |
| All | | | | | | |
| Neglect | 0.4 | 1.3 | 5.1 | - | 0.2 | 2.4 |
| Financial | 0.3 | 0.9 | 2.2 | 0.7 | 0.5 | 0.7 |
| Interpersonal ^a | 0.5 | 1.4 | 1.9 | 0.8 | 0.1 | 1.5 |
| Any mistreatment | 1.2 | 3.7 | 9.2 | 1.5 | 0.7 | 4.5 |
| Any abuse excluding neglect | 0.9 | 2.4 | 4.0 | 1.5 | 0.5 | 2.2 |
| <i>Bases unweighted^b</i> | | | | | | |
| Men | 634 | 270 | 73 | 343 | 246 | 389 |
| Women | 647 | 393 | 87 | 355 | 235 | 538 |
| All | 1281 | 663 | 160 | 698 | 481 | 927 |
| <i>Bases weighted</i> | | | | | | |
| Men | 603 | 240 | 75 | 307 | 251 | 360 |
| Women | 679 | 410 | 99 | 364 | 254 | 571 |
| All | 1282 | 650 | 174 | 671 | 505 | 931 |

^a Interpersonal abuse includes psychological, physical and sexual abuse.

^b Bases vary slightly, bases shown here are for neglect.

Quality of life

Quality of life was measured using the validated CASP-19 measure,³ broken down into three equally sized groups (or tertiles) (see Section 2.4).

Overall, the prevalence of mistreatment increased with decreasing quality of life: 0.4% of respondents in the highest tertile (i.e. with the highest quality of life) reported mistreatment compared with 2.9% of those in the middle tertile and 4.8% of those in the lowest tertile (Table 3.11). This pattern was found for all types of mistreatment, although the differences were significant only for neglect and financial abuse.

Among men, reported mistreatment was 0.1% in the highest tertile, 1.0% in the middle and 2.7% in the lowest. The equivalent figures for abuse excluding neglect were 0.1%, 0.7% and 1.2%. Among women, mistreatment was 0.6% in the highest tertile, 4.4% in the middle and 6.5% in the lowest; the figures for reported abuse excluding neglect were 0.6%, 2.7% and 4.1%.

Depression

Respondents were administered the eight item version of the Centre for Epidemiologic Studies Depression Scale (CES-D)⁴ (see Section 2.4).

For both men and women, mistreatment was more prevalent among those defined as suffering from depression (score of 3 or more) than among those who were not suffering from depression (score less than 3): men 3.6% vs. 0.6%; women 7.8% vs. 2.2% (Table 3.11). Overall, this difference was significant for neglect, financial and interpersonal abuse. Men suffering from depression were more likely to have been neglected, whilst both men and women suffering from depression were more likely to have experienced interpersonal abuse compared with those who were not suffering from depression.

The differences were also found for abuse excluding neglect: men 1.8% vs. 0.4%; women 5.3% vs. 1.3%.

Table 3.11

Type of mistreatment in the past year, by quality of life, depression and sex

All

| Type of mistreatment | CASP (quality of life) tertile | | | CES-D depressive symptoms | |
|-------------------------------------|--------------------------------|----------|----------|---------------------------|--------------|
| | Highest % | Middle % | Lowest % | Below 3 % | 3 or above % |
| Men | | | | | |
| Neglect | - | 0.2 | 1.5 | 0.2 | 1.7 |
| Financial | 0.1 | 0.7 | 1.0 | 0.4 | 1.5 |
| Interpersonal ^a | - | - | 0.2 | - | 0.3 |
| Any mistreatment | 0.1 | 1.0 | 2.7 | 0.6 | 3.6 |
| Any abuse excluding neglect | 0.1 | 0.7 | 1.2 | 0.4 | 1.8 |
| Women | | | | | |
| Neglect | 0.1 | 1.7 | 2.4 | 0.9 | 2.5 |
| Financial | 0.1 | 0.8 | 1.3 | 0.5 | 1.5 |
| Interpersonal ^a | 0.5 | 1.9 | 2.7 | 0.8 | 3.8 |
| Any mistreatment | 0.6 | 4.4 | 6.5 | 2.2 | 7.8 |
| Any abuse excluding neglect | 0.6 | 2.7 | 4.1 | 1.3 | 5.3 |
| All | | | | | |
| Neglect | 0.1 | 1.1 | 2.0 | 0.6 | 2.2 |
| Financial | 0.1 | 0.8 | 1.2 | 0.4 | 1.5 |
| Interpersonal ^a | 0.3 | 1.1 | 1.6 | 0.4 | 2.6 |
| Any mistreatment | 0.4 | 2.9 | 4.8 | 1.4 | 6.3 |
| Any abuse excluding neglect | 0.4 | 1.9 | 2.8 | 0.9 | 4.1 |
| <i>Bases unweighted^b</i> | | | | | |
| <i>Men</i> | 317 | 320 | 272 | 751 | 170 |
| <i>Women</i> | 355 | 391 | 312 | 771 | 301 |
| <i>All</i> | 672 | 711 | 584 | 1522 | 471 |
| <i>Bases weighted</i> | | | | | |
| <i>Men</i> | 306 | 306 | 258 | 707 | 173 |
| <i>Women</i> | 371 | 405 | 337 | 813 | 317 |
| <i>All</i> | 677 | 711 | 595 | 1520 | 491 |

^a Interpersonal abuse includes psychological, physical and sexual abuse.

^b Bases vary slightly, bases shown here are for neglect.

Prevalence of mistreatment by health status and age

As health status tends to decrease with increasing age, the relationship between the level of mistreatment and health status might be influenced by age. Tables 3.12 and 3.13 examine mistreatment by self-reported health status and depression separately for two age groups: those aged 66-74 and those aged 75 and over. After controlling for age, the level of mistreatment rose significantly with declining health status in terms of general health and depression for both age groups, but especially for the younger group (66-74).

Table 3.12

Type of mistreatment in the past year, by general health and age

All

| Type of mistreatment | General health | | | | | |
|-------------------------------------|------------------|--------|----------------|------------------|--------|----------------|
| | 66-74 | | | 75 and over | | |
| | Good/very good % | Fair % | Bad/very bad % | Good/very good % | Fair % | Bad/very bad % |
| Neglect | 0.3 | 1.6 | 6.0 | 0.6 | 1.1 | 4.4 |
| Financial | 0.5 | 0.3 | 0.3 | 0.2 | 1.4 | 3.7 |
| Interpersonal ^a | 0.4 | 2.9 | 4.3 | 0.6 | 0.2 | - |
| Any mistreatment | 1.2 | 4.8 | 10.6 | 1.4 | 2.7 | 8.2 |
| Any abuse excluding neglect | 0.9 | 3.2 | 4.3 | 0.8 | 1.6 | 3.7 |
| <i>Bases unweighted^b</i> | 684 | 301 | 71 | 597 | 362 | 89 |
| <i>Bases weighted</i> | 693 | 302 | 75 | 588 | 347 | 99 |

^a Interpersonal abuse includes psychological, physical and sexual abuse.

^b Bases vary slightly, bases shown here are for neglect.

Table 3.13

Type of mistreatment in the past year, by depression and age

All

| Type of mistreatment | CES-D depressive symptoms | | | |
|-------------------------------------|---------------------------|--------------|-------------|--------------|
| | 66-74 | | 75 and over | |
| | Below 3 % | 3 or above % | Below 3 % | 3 or above % |
| Neglect | 0.3 | 3.9 | 0.9 | 0.8 |
| Financial | 0.5 | 0.1 | 0.3 | 2.6 |
| Interpersonal ^a | 0.6 | 4.5 | 0.2 | 1.1 |
| Any mistreatment | 1.5 | 8.5 | 1.4 | 4.6 |
| Any abuse excluding neglect | 1.2 | 4.5 | 0.6 | 3.7 |
| <i>Bases unweighted^b</i> | 810 | 201 | 712 | 270 |
| <i>Bases weighted</i> | 812 | 220 | 708 | 270 |

^a Interpersonal abuse includes psychological, physical and sexual abuse.

^b Bases vary slightly, bases shown here are for neglect.

3.7 Mistreatment and use of services

Respondents were asked if they used a private or local authority home help, home care worker or meals on wheels, or were currently visited by a health professional, social worker, care manager or helper from a voluntary organisation (see Section 2.5). Overall, those who did use any of these services were more likely to have experienced mistreatment than those who did not (4.5% compared with 2.2%) (Table 3.14). This was mainly accounted for by financial abuse and neglect: of those who used these services, 1.7% had experienced financial abuse and 2.3% had experienced neglect (compared with 0.4% and 0.8% of those who did not).

A similar pattern was seen among women, but not among men.

Those who attended a lunch club run by the local authority or a voluntary body, or a day centre for the elderly, were more likely to have experienced mistreatment compared with those who did not use these services (6.7% compared with 2.4%) (Table 3.14). When examined by sex, this was also found

for women (9.1% compared with 3.3%), but not for men. These differences were mainly due to a higher rate of neglect among those who used these services.

In contrast, men who attended a lunch club or day centre were less likely to have experienced mistreatment: 0.2% of men who used these services had experienced mistreatment compared with 1.2% of those who did not.

The higher prevalence of neglect among respondents who used the services described above was largely explained by the greater likelihood of those using these services to also require help with their personal care. Respondents who were reliant on help with any day to day activity, personal care or taking their medication were significantly more likely to use the services mentioned above than were those who did not require any such assistance. For example, of those who required such personal care, nearly half (47%) currently used these services compared with only 12% of those who were not reliant on help (see Section 2.5).

Table 3.14

Type of mistreatment in the past year, by use of services and sex

| Type of mistreatment | Uses services ^a | | Visits lunch club/day centre | |
|------------------------------------|----------------------------|---------|------------------------------|---------|
| | Yes % | No % | Yes % | No % |
| <i>All</i> | | | | |
| Men | | | | |
| Neglect | 0.1 | 0.6 | - | 0.5 |
| Financial | 1.4 | 0.4 | 0.2 | 0.6 |
| Interpersonal ^b | 0.2 | 0.0 | - | 0.1 |
| Any mistreatment | 1.7 | 1.0 | 0.2 | 1.2 |
| Any abuse excluding neglect | 1.6 | 0.4 | 0.2 | 0.7 |
| Women | | | | |
| Neglect | 3.6 | 0.9 | 7.2 | 1.0 |
| Financial | 1.9 | 0.4 | 2.2 | 0.6 |
| Interpersonal ^b | 0.8 | 1.8 | - | 1.7 |
| Any mistreatment | 6.2 | 3.1 | 9.1 | 3.3 |
| Any abuse excluding neglect | 2.8 | 2.2 | 2.2 | 2.3 |
| All | | | | |
| Neglect | 2.3 | 0.8 | 5.2 | 0.8 |
| Financial | 1.7 | 0.4 | 1.7 | 0.6 |
| Interpersonal ^b | 0.6 | 1.0 | - | 1.0 |
| Any mistreatment | 4.5 | 2.2 | 6.7 | 2.4 |
| Any abuse excluding neglect | 2.3 | 1.4 | 1.7 | 1.6 |
| <i>Bases unweighted</i> | | | | |
| <i>Men</i> | 188 | 790 | 47 | 931 |
| <i>Women</i> | 274 | 854 | 97 | 1031 |
| <i>All</i> | 462 | 1644 | 144 | 1962 |
| <i>Bases weighted</i> | | | | |
| <i>Men</i> | 161 | 757 | 37 | 880 |
| <i>Women</i> | 269 | 920 | 98 | 1091 |
| <i>All</i> | 430 | 1677 | 136 | 1971 |

^a Services included private or local authority provided home help, home care worker, or meals on wheels, being visited by a health professional, social worker, care manager or helper from a voluntary organisation.

^b Interpersonal abuse includes psychological, physical and sexual abuse.

^c Bases vary slightly, bases shown here are for neglect.

Table 3.15 shows that just over a third (35%) of those who had been mistreated in the past year were using one or more of these services at the time of the interview (although they may not have been using the service at the time of mistreatment).

Table 3.15**Whether people who had been mistreated were using services, by sex***All who experienced mistreatment in past year*

| Uses services ^a | Sex | | Total |
|----------------------------|----------|------------|-------|
| | Men % | Women % | |
| Yes | [26] | 37 | 35 |
| No | [74] | 63 | 65 |
| <i>Bases unweighted</i> | 18 | 34 | 52 |
| <i>Bases weighted</i> | 10 | 45 | 55 |

^a *Services included private or local authority provided home help, home care worker, or meals on wheels, being visited by a health professional, social worker, care manager or helper from a voluntary organisation*

Notes and references

¹ Household population estimates (excluding people living in institutions) from the Office of National Statistics (ONS) and the Northern Ireland Statistics and Research Agency (NISRA).

² If the criteria for psychological abuse were expanded to include one to nine incidents, but judged by the respondent to be "very serious" (the criteria used for neglect), the prevalence of psychological abuse would increase from 0.4% to 0.5%. See Section 1.4 for a discussion about the definitions of neglect and psychological abuse.

³ Netuveli G, Wiggins R, Hildan Z, Montgomery S, Blane D. Quality of life at older ages: evidence from the English Longitudinal Study of Ageing (Wave 1), *Journal of Epidemiology and Community and Health*, 2006, 60:357-363.

⁴ Turvey, CL, Wallace, RB, Herzog, R. A revised CES-D measure of depressive symptoms and a DSM-Based measure of major depressive episodes in the elderly, *International Psychogeriatrics*, 1999, 11:139-148.

4 Perpetrator characteristics

- Overall, 51% of mistreatment in the past year involved a partner / spouse, 49% another family member, 13% a care worker and 5% a close friend. (Respondents could mention more than one person.)
- 80% of interpersonal abuse (i.e. physical, psychological and sexual abuse combined) perpetrators were men and 20% were women. The split for financial abuse was more equal (56% men, 44% women).
- The age profile of perpetrators tended to be younger for those carrying out financial abuse than for those carrying out interpersonal abuse.
- Overall, 53% of perpetrators were living in the respondents household at the time of the abuse – this included 25% of financial abuse perpetrators and 65% of interpersonal abuse perpetrators.

4.1 Introduction

Initial prevalence studies collected basic information about perpetrator type, albeit from a relatively narrow range of perpetrators, such as family members¹ or family members and care workers.² More recently, the definition of perpetrator has been widened to include friends as well as family and care workers,³ but relatively little is known about perpetrators.

The prevalence study carried out in Boston, USA reported that the majority of abuse was carried out by spouses (58%), and spouses were more likely to be perpetrators of abuse than children of the older person (24% carried out by children).¹ It was suggested that the high proportion of spouse abuse was mediated by living arrangements - when abuse was examined among those living in the same household, the prevalence of abuse by spouses was similar to that by children of the abused older person. (Perpetrator type was not specified for perpetrators outside the family in the Boston study.)

4.2 Methodology and questionnaire design

A key component of elder abuse and neglect is that the harmful action (or lack of action) occurs within a relationship where an expectation of trust could reasonably be expected. "Position of trust" relationships are generally accepted to include family, close friends and care workers. The questionnaire covered a wide range of perpetrator types, including family members, close friends, care workers, neighbours and acquaintances, but only position of trust relationships (family, close friends and care workers) are reported in this chapter. (Chapter 6 gives results for mistreatment using a broader definition which includes neighbours and acquaintances.)

For reports of mistreatment, respondents were asked whether the perpetrator was a: partner or spouse; son or daughter; son or daughter in law; grandchild; brother or sister; parent; parent in law; niece or nephew; other family member; care worker or close friend. (Further options included

neighbour, acquaintance or other.) Respondents who reported involvement of a care worker were asked for more information about the type of care worker, and options included: health professionals (e.g. doctor, nurse, health visitor), social workers and home care workers. Cognitive testing at the development stage showed that, in general, respondents did not know whether care was being provided on a formal or informal basis, for example whether a home care worker was provided by the local authority, a private or voluntary organisation, or whether through an informal arrangement. The analysis is therefore unable to differentiate between these types of care providers.

Respondents were asked about the perpetrators of each incident, even if these were the same "type" of mistreatment. For example, if a respondent reported that someone had stolen money, property or possessions from them *and* that someone had tried to take power of attorney, they would be asked about the perpetrators of the theft and then asked who had tried to take power of attorney. Multiple perpetrators could be reported for each incident. In the example above, the respondent could report that a nephew and a care worker had taken money, property or possessions from them.

Further questions about the perpetrator were asked separately for each type of abuse. If more than one incident was reported for financial or physical abuse, respondents were asked which event had the most serious impact on them. For sexual abuse, the most serious incident was defined by the researchers and selected automatically by the laptop.⁴ Questions were then asked about the perpetrator of that event. Where more than one perpetrator had been reported, questions were asked about the main perpetrator as defined by the respondent. For psychological abuse, follow-up questions were asked about the first perpetrator identified by the respondent to have carried out the abuse.

Respondents were asked the perpetrator's sex, age and employment status (e.g. whether in work, retired etc.) at the time of the abuse.

They were also asked whether the perpetrator lived in the same household as the respondent at the time of the incident, and whether the respondent provided help for the perpetrator in any way. Finally, they were asked whether the perpetrator had any problems (e.g. alcohol, gambling or drug use, or mental health problems).

Questions about neglect differed from those for other forms of mistreatment. Only perpetrator type was established, and no further questions were asked.⁵

This chapter examines the relationship between the perpetrator and respondent for neglect, financial abuse and interpersonal abuse (psychological, physical and sexual abuse combined).

Perpetrator categories have been aggregated into four broad types: partner, other family members, close friends and care workers. Because the bases are small, results must be treated with caution; differences have not been tested for statistical significance in this chapter.

4.3 Perpetrators of abuse and neglect

Partners (51%) and other family members (49%) were most commonly reported as perpetrators of mistreatment (Table 4.1). Relatively little mistreatment was carried out by others (care workers 13%, close friends 5%).⁶

Perpetrator type varied with type of mistreatment. Neglect was mainly by partners (70%) and other family members (58%). Similarly, partners (57%) and other family members (37%) were the main perpetrators of interpersonal abuse.

A different pattern was observed for financial abuse where the main perpetrators were other family members (54%) and care workers (31%), compared with only 13% for partners.

Table 4.1

Relationship of perpetrator to respondent, by type of mistreatment

All who experienced mistreatment in the past year

| Relationship of perpetrator ^a | Type of mistreatment | | | | |
|--|----------------------|-----------|----------------------------|---------------------------|------------------|
| | Neglect | Financial | Interpersonal ^b | Any abuse (excl. neglect) | Any mistreatment |
| | % | % | % | % | % |
| Partner | [70] | [13] | [57] | 40 | 51 |
| Other family | [58] | [54] | [37] | 43 | 49 |
| Close friend | [3] | [2] | [6] | 5 | 5 |
| Care worker | [14] | [31] | [-] | 12 | 13 |
| <i>Unweighted base^c</i> | <i>24</i> | <i>15</i> | <i>16</i> | <i>30</i> | <i>52</i> |
| <i>Weighted base^d</i> | <i>23</i> | <i>14</i> | <i>22</i> | <i>36</i> | <i>69</i> |

^a As respondents could give more than one answer, columns may total more than 100%.

^b Interpersonal abuse includes psychological, physical and sexual abuse.

^c Bases vary slightly, bases shown are for partner.

^d Weighting was used for summary categories (interpersonal abuse, any abuse excluding neglect and any mistreatment) to compensate for selection, ensuring that all perpetrators were represented if the respondent had experienced more than one form of mistreatment within a summary category (e.g. psychological and physical abuse).

4.4 Characteristics of perpetrators and relationship to respondent

Table 4.2 shows the sex and age of perpetrators, by type of abuse. On the whole, abuse was more commonly carried out by men (74%) than women (26%). This pattern was also observed for interpersonal abuse (men 80%, women 20%) but for financial abuse, there were a similar proportion of male and female perpetrators (men 56%, women 44%).

Interpersonal abuse was most commonly carried out by adults of retirement age and older (75% by adults aged 65-74). Perpetrators of financial abuse tended to be younger: 56% were aged 16-44 and a further 36% aged 45-64.

Table 4.2**Sex and age of perpetrator, by type of abuse***All perpetrators of abuse (excl. neglect) in past year^{a,b}*

| Sex, age | Type of abuse | | |
|------------------------|----------------|---------------------------------|--------------------------------|
| | Financial % | Interpersonal ^c % | Any abuse (excl. neglect) % |
| Sex | | | |
| Male | [56] | [80] | [74] |
| Female | [44] | [20] | [26] |
| Age | | | |
| Under 16 | [3] | [1] | [2] |
| 16 - 44 | [56] | [4] | [19] |
| 45 - 64 | [36] | [13] | [20] |
| 65 - 74 | [4] | [75] | [55] |
| 75 and over | [-] | [7] | [5] |
| <i>Unweighted base</i> | 10 | 16 | 26 |
| <i>Weighted base</i> | 8 | 20 | 28 |

^a Bases differ from other tables in the report. The base for Tables 4.2 to 4.5 is perpetrators of a particular abuse type rather than respondents: perpetrators are represented separately for each type of abuse (see table note b).

^b As perpetrators are represented separately for each type of abuse, those who have carried out more than one type of abuse are represented more than once. For example, an individual who has carried out financial abuse and physical abuse would be represented twice, once for financial abuse and again for physical abuse.

^c Interpersonal abuse includes psychological, physical and sexual abuse.

Table 4.3 shows the employment status of the perpetrator at the time of the abuse, by type of abuse. There is a clear distinction between interpersonal abuse and financial abuse. While the perpetrators of interpersonal abuse tended to be retired from paid work (81%), perpetrators of financial abuse tended to be in paid work (78%).

Table 4.3**Employment status of perpetrator, by type of abuse***All perpetrators of abuse (excl. neglect) in past year^{a,b}*

| Employment status | Type of abuse | | |
|--|----------------|---------------------------------|--------------------------------|
| | Financial % | Interpersonal ^c % | Any abuse (excl. neglect) % |
| In paid employment / self-employed | [78] | [11] | [30] |
| In full time education | [3] | [1] | [2] |
| Unemployed, and looking for work | [8] | [-] | [2] |
| Permanently unable to work - long term sickness / injury | [-] | [3] | [2] |
| Retired from paid work | [4] | [81] | [59] |
| Looking after home or family | [7] | [4] | [4] |
| <i>Unweighted base</i> | 10 | 16 | 26 |
| <i>Weighted base</i> | 8 | 20 | 28 |

^a Bases differ from other tables in the report. The base for Tables 4.2 to 4.5 is perpetrators of a particular abuse type rather than respondents: perpetrators are represented separately for each type of abuse (see table note b).

^b As perpetrators are represented separately for each type of abuse, those who have carried out more than one type of abuse are represented more than once. For example, an individual who has carried out financial abuse and physical abuse would be represented twice, once for financial abuse and again for physical abuse.

^c Interpersonal abuse includes psychological, physical and sexual abuse.

Table 4.4 shows the proportion of perpetrators who lived in the same household at the time of the abuse, and who were receiving care from the older person whom they had abused. While most perpetrators of interpersonal abuse lived in the same household as the older person (65%), perpetrators of financial abuse tended to be living in another household (75%).

Respondents were asked whether they provided care for the perpetrator, such as help with day to day activities, financial advice or money. 39% of interpersonal abuse perpetrators and 25% of financial abuse perpetrators received some form of care from the respondent.

Table 4.4

Whether perpetrator lived in respondent's household and received care from respondent, by type of abuse

All perpetrators of abuse (excl. neglect) in past year^{a,b}

| Lived in household, received care | Type of abuse | | |
|--|---------------|------------------------------|-----------------------------|
| | Financial % | Interpersonal ^c % | Any abuse (excl. neglect) % |
| Perpetrator lived in household | | | |
| Yes | [25] | [65] | [53] |
| No | [75] | [35] | [47] |
| Perpetrator received care from respondent | | | |
| Yes | [25] | [39] | [35] |
| No | [75] | [61] | [65] |
| <i>Unweighted base</i> | <i>10</i> | <i>16</i> | <i>26</i> |
| <i>Weighted base</i> | <i>8</i> | <i>20</i> | <i>28</i> |

^a *Bases differ from other tables in the report. The base for Tables 4.2 to 4.5 is perpetrators of a particular abuse type rather than respondents: perpetrators are represented separately for each type of abuse (see table note b).*

^b *As perpetrators are represented separately for each type of abuse, those who have carried out more than one type of abuse are represented more than once. For example, an individual who has carried out financial abuse and physical abuse would be represented twice, once for financial abuse and again for physical abuse.*

^c *Interpersonal abuse includes psychological, physical and sexual abuse.*

Respondents were also asked about the type of personal problems, if any, the perpetrator had. Whilst nearly half of the perpetrators of interpersonal abuse were reported to have none of the problems asked about (48%), 28% had relationship problems and 13% had problems with their physical health (Table 4.5). Perpetrators of financial abuse were reported to have a range of personal problems including relationship problems (30%), alcohol use (30%), financial problems (30%), gambling problems (23%), and drug use (8%).

Table 4.5

Whether perpetrator had behaviour or other problems or habits, by type of abuse

All perpetrators of abuse (excl. neglect) in past year^{a b}

| Problems of perpetrator | Type of abuse | | |
|--------------------------|----------------|---------------------------------|--------------------------------|
| | Financial % | Interpersonal ^c % | Any abuse (excl. neglect) % |
| Physical health problems | [4] | [13] | [10] |
| Mental health problems | [-] | [8] | [7] |
| Learning disability | [3] | [1] | [2] |
| Financial problems | [30] | [-] | [1] |
| Relationship problems | [30] | [28] | [21] |
| Alcohol problems | [30] | [5] | [4] |
| Drug problems | [8] | [-] | [1] |
| Gambling problems | [23] | [-] | [1] |
| Other problems | [-] | [-] | [1] |
| None of these problems | [27] | [48] | [36] |
| <i>Unweighted base</i> | <i>10</i> | <i>16</i> | <i>26</i> |
| <i>Weighted base</i> | <i>8</i> | <i>20</i> | <i>28</i> |

^a *Bases differ from other tables in the report. The base for Tables 4.2 to 4.5 is perpetrators of a particular abuse type rather than respondents: perpetrators are represented separately for each type of abuse (see table note b).*

^b *As perpetrators are represented separately for each type of abuse, those who have carried out more than one type of abuse are represented more than once. For example, an individual who has carried out financial abuse and physical abuse would be represented twice, once for financial abuse and again for physical abuse.*

^c *Interpersonal abuse includes psychological, physical and sexual abuse.*

Notes and references

¹ Pillemer K, Finkelhor D. The prevalence of elder abuse: a random sample survey. *Gerontologist*, 1988, 28 (1): 51-57.

² Tornstam L. Abuse of the elderly in Denmark and Sweden: Results from a population study. *Journal of elder abuse and neglect*, 1989, 1(1): 35-44.

³ Comijs HC, Pot AM Smit JH, Bouter LM, Jonker C. Elder abuse in the community: Prevalence and consequences. *Journal of the American Geriatrics Society*, 1998, 46: 885-888.

⁴ In the prevalence survey, the most serious event for sexual abuse was automatically selected by the laptop. Events defined as sexual abuse were, in order of seriousness: 'made you have sexual intercourse against your will', 'tried to have sexual intercourse with you against your will', 'touched you in a sexual way against your will', 'tried to touch you in a sexual way against your will', 'made you watch pornography against your will', 'tried to make you watch pornography against your will', and 'talked to you in a sexual way against your will'.

⁵ Follow-up questions about perpetrator characteristics were included in the pilot stage but caused considerable upset among some respondents as they felt that the perpetrators were often partners or family members who wanted to help but were unable to do so. These questions were removed from the questionnaire for the main stage of fieldwork.

⁶ Respondents were asked to specify the type of care worker. All incidents of abuse and neglect reported in the past year were carried out by a home help, home carer or paid caregiver: no other professionals were mentioned.

5 Impact of mistreatment

- Three-quarters of those asked said that the effect of the mistreatment was either serious (43%) or very serious (33%). The most commonly reported effects were emotional (such as feeling angry or upset), and social (for example feeling cut off from family and friends).
- The majority (70%) of those who had experienced mistreatment in the past year said that they had reported the incident or sought help. Respondents mainly sought help from a family member or friend (31%) or a health professional or social worker (30%).

5.1 Introduction

Respondents who reported that they had experienced mistreatment were asked a series of follow-up questions to establish their reaction to the mistreatment and what effect it had on them. Due to the distinctive nature of each of the five types of mistreatment the follow-up questions differed.

- For neglect, respondents were asked about the overall effect of being neglected, and whether they had sought any help about the situation.
- For financial, physical and sexual abuse, respondents were asked about a specific incident (the one they considered the most serious if there had been more than one incident).¹ Respondents were asked how they reacted to the incident, whether they sought help or advice about it and from whom, what effect the incident had on them, and how serious that effect had been.
- For psychological abuse, the same questions were asked in relation to the perpetrator's overall behaviour, rather than a specific incident.

The questions asked can be seen in Appendix B.

The results in this chapter are based upon those who had experienced any of the five types of mistreatment in the past year, where the perpetrator was a family member, close friend, or care worker, and who had been routed to the follow-up questions on impacts of mistreatment.² Since the bases for each of the five types of mistreatment are very small, it is only possible to report the results for mistreatment overall and for abuse (excluding neglect) overall.

5.2 Reaction to abuse

For each type of abuse reported in the survey, respondents were asked how they reacted (they could mention more than one type of reaction).³

Overall, 77% reported that they had reacted emotionally, for example becoming visibly angry or upset, 52% said they walked away from the incident or deliberately ignored that it had happened and 49% reported that they had a verbal, physical or confrontational reaction (Table 5.1). 4% said they had no reaction (but this was found only among respondents who reported psychological abuse).

Table 5.1

Reaction to abuse

All who experienced abuse in past year and answered questions on reaction^a

| Reaction to abuse ^b | Any abuse (Excl. neglect) ^c |
|---|--|
| | % |
| Ignored it or walked away | [52] |
| Emotional reaction | [77] |
| Reacted verbally, physically, or confronted the perpetrator | [49] |
| No reaction | [4] |
| Other reaction | [2] |
| <i>Bases unweighted^d</i> | 25 |
| <i>Bases weighted</i> | 27 |

^a Not all respondents who reported abuse were asked all follow-up questions (see Section 5.1).

^b As respondents could give more than one answer, the column totals more than 100%.

^c Reaction questions were not asked for neglect, so this table includes abuse only (financial, psychological, physical, sexual).

^d The unweighted base of 25 includes a similar number of cases of financial, physical and psychological abuse, and fewer cases of sexual abuse.

5.3 Effect and seriousness of mistreatment

A third (33%) of respondents who had experienced mistreatment in the past year said that the effect was very serious, 43% said it was serious, and 24% said that the mistreatment was not serious or that there was no effect (Table 5.2).

Respondents could report more than one type of effect the incident of mistreatment had on them, and the most commonly reported effects were emotional, such as feeling angry or upset (78%), and social, for example feeling cut off from family or friends (61%) (Table 5.2). 11% reported a physical effect, such as discomfort or pain (mentioned only by those who experienced neglect or physical abuse).

Table 5.2

Type of effect and seriousness of mistreatment

All who experienced mistreatment in past year and answered questions on effect and seriousness^a

| Effect and seriousness of mistreatment ^b | Type of mistreatment | |
|---|--------------------------------|-----------------------|
| | Any abuse (excl. neglect) % | Any mistreatment % |
| Social | [57] | 61 |
| Emotional | [78] | 78 |
| Physical | [2] | 11 |
| No effect | [12] | 10 |
| Very serious | [40] | 33 |
| Serious | [30] | 43 |
| Not serious/no effect | [30] | 24 |
| <i>Bases unweighted^{c,d}</i> | 25 | 30 |
| <i>Bases weighted</i> | 27 | 34 |

^a Not all respondents who reported mistreatment were asked all follow-up questions (see Section 5.1).

^b As respondents could give more than one answer for the type of effect, the column totals more than 100%.

^c Bases for physical effect were slightly lower because this was not an option for psychological abuse.

^d The unweighted base of 30 includes a similar number of cases of neglect, financial, physical and psychological abuse, and fewer cases of sexual abuse.

5.4 Seeking help and reporting mistreatment

Of those who experienced mistreatment in the past year, 30% said they did not report the incident or seek help, but the majority (70%) did take some action (Table 5.3). They mainly sought help from a family member or friend (31%), or a health professional (e.g. GP, nurse) or social worker (30%). 8% had gone to another professional organisation or person, for example their local authority or citizens advice bureau (the latter was only mentioned by those who experienced financial abuse). The police were contacted by 4% of those who had experienced any mistreatment. None of the respondents in our sample who had experienced mistreatment said they contacted a helpline or asked a charity for assistance.

Table 5.3

Whether sought help for or reported mistreatment

All who experienced mistreatment in past year and answered questions on seeking help^a

| Where sought help from or who reported mistreatment to ^b | Type of mistreatment | |
|---|--------------------------------|-----------------------|
| | Any abuse (excl. neglect) % | Any mistreatment % |
| Family or friend | [40] | [31] |
| Police | [6] | [4] |
| Health professional or social worker | [22] | [30] |
| Helpline or charity | [-] | [-] |
| Other professional organisation or person | [10] | [8] |
| Somewhere/someone else | [9] | [7] |
| <i>Sought help or reported mistreatment at all</i> | [73] | [70] |
| <i>Did not seek help or report mistreatment</i> | [27] | [30] |
| <i>Bases unweighted^c</i> | 23 | 28 |
| <i>Bases weighted</i> | 24 | 31 |

^a Not all respondents who reported mistreatment were asked all follow-up questions (see Section 5.1).

^b As respondents could give more than one answer, columns may total more than 100%.

^c The unweighted base of 28 includes a similar number of cases of neglect, financial, physical and psychological abuse, and fewer cases of sexual abuse.

Notes and references

¹ The most serious event for sexual abuse was automatically selected by the laptop. Events defined as sexual abuse were, in order of seriousness: 'made you have sexual intercourse against your will', 'tried to have sexual intercourse with you against your will', 'touched you in a sexual way against your will', 'tried to touch you in a sexual way against your will', 'made you watch pornography against your will', 'tried to make you watch pornography against your will', and 'talked to you in a sexual way against your will'.

² Respondents who reported mistreatment (excluding sexual abuse) in the CAPI interview were asked the full set of follow-up questions. However, a proportion of respondents only reported mistreatment in the self-completion questionnaire; this group was only asked a sub-set of follow-up questions. (Both the CAPI and self-completion questionnaires can be found in Appendix B). Questions about sexual abuse were only asked in the self-completion component of the questionnaire – those who completed the self-completion as CASI were asked these follow-up questions, while those who completed the paper self-completion were not.

³ The follow-up questions for neglect did not ask about reaction to the incident, so Section 5.2 looks at abuse only.

Prevalence estimates using alternative definitions of mistreatment

- Two other methods for estimating prevalence of mistreatment were also reported: a) abuse since age 65 and b) a broader definition of mistreatment which includes neighbours and acquaintances as well as family, close friends and care workers as potential perpetrators.
- Abuse since the age of 65 was collected for physical (0.8%), financial (1.2%) and sexual abuse (0.3%). The since 65 prevalence rates were between 50% and 100% higher than these three types of abuse in the past year. (Mistreatment since 65 was not asked for neglect or psychological abuse.)
- When the one year prevalence of mistreatment is broadened to include incidents involving neighbours and acquaintances, the overall prevalence increases from 2.6% to 4.0%. This would give a figure of approximately 342,400 older people subject to some form of mistreatment.
- Using this broader definition, mistreatment by neighbours and acquaintances was reported in 33% of cases, which is comparable with mistreatment by partners (35%) and other family members (33%).
- For financial and interpersonal abuse, neighbours and acquaintances were reported as perpetrators as often as, or more often than, other perpetrator types. The inclusion of neighbours and acquaintances had relatively little impact on neglect.
- As with the baseline definition, women were more likely than men to say that they had experienced any mistreatment, both using the broader one year prevalence definition, and when looking at mistreatment since age 65.

6.1 Introduction

The earlier chapters of this report have examined the prevalence of mistreatment that has occurred in the past year and that has involved family, friends or care workers. While this “baseline” definition tends to be the most widely accepted one, it can be viewed as being somewhat narrow and conservative. This chapter looks at the prevalence of mistreatment using two alternative and broader definitions. Section 6.2 examines the prevalence of mistreatment since the age of 65, while Section 6.3 broadens the definition to include mistreatment in the past year involving neighbours and acquaintances.

6.2 Prevalence of mistreatment since age 65

Overall prevalence since age 65

For three types of abuse – financial, physical and sexual - respondents were asked about their experience of mistreatment since the age of 65 (defined as one or more instances of the abuse occurring since the respondent turned 65).¹ Table 6.1 shows the prevalence estimates of mistreatment in the UK since age 65 and in the past year.

Table 6.1

Prevalence of mistreatment since age 65 and in the past year

| Type of mistreatment | Timeframe | |
|-------------------------------------|------------------------|----------------|
| | Since 65 % | Past year % |
| Financial | 1.2 | 0.7 |
| Physical | 0.8 | 0.4 |
| Sexual | 0.3 | 0.2 |
| Neglect | n.a. ^a | 1.1 |
| Psychological | n.a. ^a | 0.4 |
| Any mistreatment | 3.4^b | 2.6 |
| Any abuse excluding neglect | 2.4^b | 1.6 |
| <i>Bases unweighted^c</i> | <i>2104</i> | <i>2104</i> |
| <i>Bases weighted</i> | <i>2106</i> | <i>2106</i> |

^a n.a. = not available.

^b The estimate for any mistreatment since age 65 includes the past year estimates for neglect and psychological abuse; and for abuse (excluding neglect), it includes past year estimates for psychological abuse. Respondents could mention more than one type of mistreatment.

^c Bases vary slightly, bases shown here are for financial abuse.

Including the past year estimates for neglect and psychological abuse, overall, 3.4% of respondents reported that they had experienced mistreatment since the age of 65 and 2.4% had experienced abuse (excluding neglect). This is about one-third more than the estimate of 2.6% experiencing mistreatment in the past year (and one-half more for abuse, excluding neglect). This is of course a conservative estimate for mistreatment since age 65, since the figures for neglect and psychological abuse refer only to the past year. If it were possible to measure experiences since age 65 for these two types of abuse, the overall prevalence estimate since age 65 would undoubtedly be higher. For the three types of abuse where past year prevalences can be compared with those since age 65, the since age 65 prevalence rates are between 50% and 100% higher than those for the past year.

Prevalence since age 65 by country

The prevalence estimates of mistreatment since age 65 for each country were: 3.3% in England, 4.0% in Wales, 4.4% in Scotland and 2.5% in Northern Ireland (Table 6.2). These overall differences between countries were not significant. However, there were significant differences by country for men; the prevalence of mistreatment ranged from 6.5% among men in Scotland to 1.9% among men in England. The differences by country for women were not significant. These patterns are consistent with those seen when looking at mistreatment in the past year (see Section 3.1).

Table 6.2

Type of mistreatment since age 65,^a by country and sex

All

| Type of mistreatment | Country | | | | Total % |
|--|--------------|------------|---------------|--------------------------|-------------|
| | England % | Wales % | Scotland % | Northern Ireland % | |
| Men | | | | | |
| Since age 65 | | | | | |
| Financial | 0.8 | 0.5 | 2.3 | 2.5 | 1.0 |
| Physical | 0.6 | - | 1.2 | 1.2 | 0.6 |
| Sexual | 0.2 | - | 0.4 | - | 0.2 |
| Past year | | | | | |
| Neglect | 0.3 | 1.6 | 2.1 | - | 0.5 |
| Psychological | - | - | 0.4 | - | 0.0 |
| Any mistreatment^a | 1.9 | 2.1 | 6.5 | 2.8 | 2.3 |
| Any abuse excluding neglect^a | 1.6 | 0.5 | 4.3 | 2.8 | 1.8 |
| Women | | | | | |
| Since age 65 | | | | | |
| Financial | 1.3 | 3.4 | 0.4 | - | 1.3 |
| Physical | 1.0 | 0.4 | 1.3 | 0.5 | 1.0 |
| Sexual | 0.3 | - | - | - | 0.3 |
| Past year | | | | | |
| Neglect | 1.6 | 1.9 | 0.8 | 1.8 | 1.5 |
| Psychological | 0.8 | 1.0 | 0.6 | - | 0.8 |
| Any mistreatment^a | 4.4 | 5.5 | 2.9 | 2.2 | 4.3 |
| Any abuse excluding neglect^a | 3.0 | 4.5 | 2.1 | 0.5 | 2.9 |
| All | | | | | |
| Since age 65 | | | | | |
| Financial | 1.1 | 2.2 | 1.2 | 1.0 | 1.2 |
| Physical | 0.8 | 0.2 | 1.3 | 0.8 | 0.8 |
| Sexual | 0.3 | - | 0.2 | - | 0.3 |
| Past year | | | | | |
| Neglect | 1.0 | 1.8 | 1.4 | 1.0 | 1.1 |
| Psychological | 0.4 | 0.6 | 0.5 | - | 0.4 |
| Any mistreatment^a | 3.3 | 4.0 | 4.4 | 2.5 | 3.4 |
| Any abuse excluding neglect^a | 2.4 | 2.8 | 3.0 | 1.4 | 2.4 |
| <i>Bases unweighted^b</i> | | | | | |
| <i>Men</i> | <i>507</i> | <i>141</i> | <i>158</i> | <i>172</i> | <i>978</i> |
| <i>Women</i> | <i>540</i> | <i>185</i> | <i>206</i> | <i>197</i> | <i>1128</i> |
| <i>All</i> | <i>1047</i> | <i>326</i> | <i>364</i> | <i>369</i> | <i>2106</i> |
| <i>Bases weighted</i> | | | | | |
| <i>Men</i> | <i>770</i> | <i>49</i> | <i>76</i> | <i>22</i> | <i>917</i> |
| <i>Women</i> | <i>989</i> | <i>65</i> | <i>104</i> | <i>31</i> | <i>1189</i> |
| <i>All</i> | <i>1759</i> | <i>114</i> | <i>180</i> | <i>54</i> | <i>2106</i> |

^a Since age 65 for financial, physical and sexual abuse, in the past year for neglect and psychological abuse.

^b Bases vary slightly, bases shown here are for neglect.

Prevalence since age 65 by sex

As with mistreatment in the past year, women in the UK were more likely to have experienced mistreatment since age 65 than men (4.3% of women compared with 2.3% of men). While this was also found within England (women 4.4%, men 1.9%), this difference between the sexes was not consistent for all countries. In Wales and Northern Ireland, the differences in the prevalence of mistreatment between men and women were not significant. In Scotland, the prevalence of mistreatment was higher among men (6.5%) than women (2.9%). This difference between men and women in Scotland was not seen for past year prevalence rates.

Prevalence since age 65 by age

Looking at all adults, the prevalence of mistreatment overall since age 65 did not vary by respondent's age, although financial abuse did vary significantly by age, ranging from 0.4% of people aged 66-74 to 2.2% those aged 85 and over (Table 6.3).

Among men, the prevalence of abuse (excluding neglect) increased with age: 0.8% of men aged 66-74 reported abuse compared with 2.8% of men aged 75-84 and 4.9% of men aged 85 and over. As was seen when looking at the prevalence of mistreatment in the past year, this increase was mainly explained by financial abuse. Older men were more likely to have been financially abused since age 65 compared with men in the two younger age groups (2.5% compared with 1.9% and 0.2%). In addition, the prevalence of physical abuse was significantly higher among men aged 85 and over (2.3%) compared with men aged 66-84 (0.5%).

In contrast, the prevalence of physical abuse since age 65 among women decreased with age and was higher among those aged 66-84 (1.1%) than those aged 85 and over (0.1%). None of the other types of abuse differed by age among women and the prevalence of abuse (excluding neglect) since age 65 tended to decrease with age (although this trend was not significant). This is in line with the patterns observed by age for women when looking at prevalence in the past year.

Table 6.3

Type of mistreatment since age 65,^a by age and sex

All

| Type of mistreatment | Age | | | Total |
|--|-------------|------------|------------------|-------------|
| | 66-74 % | 75-84 % | 85 and over % | |
| Men | | | | |
| Since age 65 | | | | |
| Financial | 0.2 | 1.9 | 2.5 | 1.0 |
| Physical | 0.2 | 0.8 | 2.3 | 0.6 |
| Sexual | 0.4 | 0.1 | - | 0.2 |
| Past year | | | | |
| Neglect | 0.8 | 0.2 | - | 0.5 |
| Psychological | - | 0.1 | - | 0.0 |
| Any mistreatment^a | 1.6 | 3.0 | 4.9 | 2.3 |
| Any abuse excluding neglect^a | 0.8 | 2.8 | 4.9 | 1.8 |
| Women | | | | |
| Since age 65 | | | | |
| Financial | 0.6 | 1.9 | 2.0 | 1.3 |
| Physical | 1.7 | 0.4 | 0.1 | 1.0 |
| Sexual | 0.6 | - | - | 0.3 |
| Past year | | | | |
| Neglect | 1.3 | 1.0 | 5.0 | 1.5 |
| Psychological | 1.3 | 0.4 | - | 0.8 |
| Any mistreatment^a | 4.6 | 3.3 | 6.8 | 4.3 |
| Any abuse excluding neglect^a | 3.6 | 2.4 | 2.1 | 2.9 |
| All | | | | |
| Since age 65 | | | | |
| Financial | 0.4 | 1.9 | 2.2 | 1.2 |
| Physical | 1.0 | 0.6 | 0.9 | 0.8 |
| Sexual | 0.5 | 0.0 | - | 0.3 |
| Past year | | | | |
| Neglect | 1.0 | 0.7 | 3.2 | 1.1 |
| Psychological | 0.7 | 0.3 | - | 0.4 |
| Any mistreatment^a | 3.2 | 3.2 | 6.2 | 3.4 |
| Any abuse excluding neglect^a | 2.3 | 2.5 | 3.1 | 2.4 |
| <i>Bases unweighted^b</i> | | | | |
| <i>Men</i> | <i>544</i> | <i>363</i> | <i>71</i> | <i>978</i> |
| <i>Women</i> | <i>513</i> | <i>487</i> | <i>128</i> | <i>1128</i> |
| <i>All</i> | <i>1057</i> | <i>850</i> | <i>199</i> | <i>2106</i> |
| <i>Bases weighted</i> | | | | |
| <i>Men</i> | <i>513</i> | <i>338</i> | <i>66</i> | <i>917</i> |
| <i>Women</i> | <i>557</i> | <i>509</i> | <i>123</i> | <i>1189</i> |
| <i>All</i> | <i>1071</i> | <i>847</i> | <i>189</i> | <i>2106</i> |

^a Since age 65 for financial, physical and sexual abuse, in the past year for neglect and psychological abuse.

^b Bases vary slightly, bases shown here are for neglect.

6.3 One year prevalence of mistreatment - broader definition

This section looks at the one year prevalence estimates when the definition of mistreatment is broadened to include incidents involving neighbours and acquaintances (see Chapter 1 for discussion about the baseline and broader definitions).

Overall prevalence (broader definition)

Including mistreatment involving neighbours and acquaintances increases the overall prevalence of mistreatment in the past year from 2.6% to 4.0%. Given that there were about 8,587,000 people

aged 66 and over living in private households in the UK in 2004,² a prevalence rate of 4.0% equates to about 342,400 people aged 66 and over experiencing mistreatment.

Table 6.4 shows the one year prevalence estimates for each type of mistreatment based on the broader definition. The predominant type of mistreatment was neglect (1.2%) followed by financial abuse (1.0%).

Table 6.4

One year prevalence of mistreatment (broader definition)^a

All

| Type of mistreatment | Prevalence | 95% confidence interval | Number in UK population | 95% confidence interval |
|--|-------------|-------------------------|-------------------------|--------------------------|
| | % | % | N | N |
| Neglect | 1.2 | 0.7 – 2.0 | 105,000 | 63,900 - 172,000 |
| Financial | 1.0 | 0.6 - 1.8 | 86,500 | 48,500 - 153,800 |
| Psychological | 0.7 | 0.4 - 1.3 | 58,600 | 30,600 - 111,800 |
| Physical | 0.7 | 0.4 - 1.4 | 62,400 | 32,900 - 118,100 |
| Sexual | 0.5 | 0.2 - 1.2 | 42,500 | 18,100 - 99,800 |
| Any mistreatment^b | 4.0 | 3.0 - 5.3 | 342,400 | 259,200 - 450,900 |
| Any abuse excluding neglect^b | 2.8 | 2.0 - 3.9 | 239,100 | 170,900 - 333,500 |
| <i>Bases unweighted^c</i> | <i>2106</i> | <i>2106</i> | 8,586,890 | 8,586,890 |
| <i>Bases weighted</i> | <i>2106</i> | <i>2106</i> | - | - |

^a Broader definition includes mistreatment involving neighbours and acquaintances.

^b Respondents could mention more than one type of mistreatment.

^c Bases vary slightly, bases shown here are for neglect.

Comparing these estimates to those for the baseline definition, the inclusion of neighbours and acquaintances changes the prevalence of neglect very little (1.1% compared with 1.2%). There is more impact on the estimates for the other types of abuse: financial increases from 0.7% to 1.0%, psychological from 0.4% to 0.7%, physical from 0.4% to 0.7% and sexual from 0.2% to 0.5%.

Prevalence by country (broader definition)

Using the broader definition, the prevalence of mistreatment across the four countries was: 3.9% in England, 6.0% in Wales, 4.3% in Scotland and 3.0% in Northern Ireland (Table 6.5). As was found with the baseline definition of mistreatment, overall, differences across countries were not significant. There were significant differences by country for men, with prevalence estimates ranging from 5.8% in Wales and 5.2% in Scotland, to 2.4% in Northern Ireland and 1.6% in England. For women, the differences across countries were not significant (5.6% in England, 6.2% in Wales, 3.6% in Scotland and 3.4% in Northern Ireland).

Prevalence by sex (broader definition)

As was the case with the baseline definition, women were more likely than men to have experienced mistreatment using the broader definition (5.4% of women compared with 2.1% of men), and women were significantly more likely to report interpersonal abuse (2.7% of women compared with 0.6% of men).

While in England women were more likely to have experienced mistreatment than men (5.6% of women compared with 1.6% of men), there were no significant differences by sex in the other countries.

Table 6.5

Type of mistreatment in the past year, by country and sex (broader definition)^a

All

| Type of mistreatment | Country | | | | Total % |
|-------------------------------------|--------------|------------|---------------|--------------------------|-------------|
| | England % | Wales % | Scotland % | Northern Ireland % | |
| Men | | | | | |
| Neglect | 0.6 | 1.6 | 2.1 | - | 0.8 |
| Financial | 0.6 | 1.5 | 1.9 | 1.2 | 0.8 |
| Interpersonal ^b | 0.4 | 2.7 | 1.1 | 1.2 | 0.6 |
| Any mistreatment | 1.6 | 5.8 | 5.2 | 2.4 | 2.1 |
| Any abuse excluding neglect | 1.0 | 4.1 | 3.0 | 2.4 | 1.3 |
| Women | | | | | |
| Neglect | 1.6 | 1.9 | 1.2 | 2.2 | 1.6 |
| Financial | 1.2 | 2.7 | - | 1.3 | 1.2 |
| Interpersonal ^b | 2.8 | 2.9 | 2.4 | 0.4 | 2.7 |
| Any mistreatment | 5.6 | 6.2 | 3.6 | 3.4 | 5.4 |
| Any abuse excluding neglect | 4.0 | 5.3 | 2.4 | 1.7 | 3.9 |
| All | | | | | |
| Neglect | 1.1 | 1.8 | 1.6 | 1.3 | 1.2 |
| Financial | 0.9 | 2.2 | 0.8 | 1.3 | 1.0 |
| Interpersonal ^b | 1.7 | 2.8 | 1.8 | 0.7 | 1.8 |
| Any mistreatment | 3.9 | 6.0 | 4.3 | 3.0 | 4.0 |
| Any abuse excluding neglect | 2.7 | 4.8 | 2.7 | 2.0 | 2.8 |
| <i>Bases unweighted^c</i> | | | | | |
| <i>Men</i> | <i>507</i> | <i>141</i> | <i>158</i> | <i>172</i> | <i>978</i> |
| <i>Women</i> | <i>540</i> | <i>185</i> | <i>206</i> | <i>197</i> | <i>1128</i> |
| <i>All</i> | <i>1047</i> | <i>326</i> | <i>364</i> | <i>369</i> | <i>2106</i> |
| <i>Bases weighted</i> | | | | | |
| <i>Men</i> | <i>770</i> | <i>49</i> | <i>76</i> | <i>22</i> | <i>917</i> |
| <i>Women</i> | <i>989</i> | <i>65</i> | <i>104</i> | <i>31</i> | <i>1189</i> |
| <i>All</i> | <i>1759</i> | <i>114</i> | <i>180</i> | <i>54</i> | <i>2106</i> |

^a Broader definition includes mistreatment involving neighbours and acquaintances.

^b Interpersonal abuse includes psychological, physical and sexual abuse.

^c Bases vary slightly, bases shown here are for neglect.

Prevalence by age (broader definition)

Although not significant, the data suggests that there is a trend for mistreatment to increase with age (3.5% of those aged 66-74, 4.2% of those aged 75-84, and 5.5% of those aged 85 and over reported mistreatment) (Table 6.6). The higher level of mistreatment among older people was mainly explained by neglect: 3.2% of those aged 85 and over reported neglect which is significantly higher than the 1.0% of those aged 66-84 who reported neglect. This overall increase by age for neglect is due to the increase for women (5.0% of women aged 85 and over reported neglect compared with 1.2% of women aged 66-84 years). For men, financial abuse increased with age (2.5% of men aged 85 and over reported financial abuse compared with 1.3% and 0.2% of men aged 75-84 and 66-74 respectively).

These differences by age are similar to the patterns observed when looking at the baseline prevalence estimates (in Chapter 3).

Table 6.6

Type of mistreatment in the past year, by age and sex (broader definition)^a

All

| Type of mistreatment | Age | | | Total |
|-------------------------------------|-------------|------------|------------------|-------------|
| | 66-74 % | 75-84 % | 85 and over % | |
| Men | | | | |
| Neglect | 0.8 | 0.9 | - | 0.8 |
| Financial | 0.2 | 1.3 | 2.5 | 0.8 |
| Interpersonal ^b | 0.2 | 1.3 | - | 0.6 |
| Any mistreatment | 1.1 | 3.5 | 2.5 | 2.1 |
| Any abuse excluding neglect | 0.4 | 2.6 | 2.5 | 1.3 |
| Women | | | | |
| Neglect | 1.3 | 1.1 | 5.0 | 1.6 |
| Financial | 1.2 | 1.0 | 1.8 | 1.2 |
| Interpersonal ^b | 3.2 | 2.7 | 0.5 | 2.7 |
| Any mistreatment | 5.7 | 4.7 | 7.0 | 5.4 |
| Any abuse excluding neglect | 4.4 | 3.8 | 2.3 | 3.9 |
| All | | | | |
| Neglect | 1.0 | 1.0 | 3.2 | 1.2 |
| Financial | 0.7 | 1.1 | 2.1 | 1.0 |
| Interpersonal ^b | 1.7 | 2.2 | 0.3 | 1.8 |
| Any mistreatment | 3.5 | 4.2 | 5.5 | 4.0 |
| Any abuse excluding neglect | 2.5 | 3.3 | 2.4 | 2.8 |
| <i>Bases unweighted^c</i> | | | | |
| <i>Men</i> | <i>544</i> | <i>363</i> | <i>71</i> | <i>978</i> |
| <i>Women</i> | <i>513</i> | <i>487</i> | <i>128</i> | <i>1128</i> |
| <i>All</i> | <i>1057</i> | <i>850</i> | <i>199</i> | <i>2106</i> |
| <i>Bases weighted</i> | | | | |
| <i>Men</i> | <i>513</i> | <i>338</i> | <i>66</i> | <i>917</i> |
| <i>Women</i> | <i>557</i> | <i>509</i> | <i>123</i> | <i>1189</i> |
| <i>All</i> | <i>1071</i> | <i>847</i> | <i>189</i> | <i>2106</i> |

^a Broader definition includes mistreatment involving neighbours and acquaintances.

^b Interpersonal abuse includes psychological, physical and sexual abuse.

^c Bases vary slightly, bases shown here are for neglect.

Mistreatment in the past year by perpetrator (broader definition)

Table 6.7 shows the perpetrators of mistreatment using the broader definition. Overall, mistreatment by neighbours and acquaintances was reported in 33% of cases of mistreatment, which is comparable to mistreatment by partners (35%) and other family members (33%).

Including mistreatment by neighbours and acquaintances altered the pattern of perpetrator type for interpersonal abuse and financial abuse. For these types of abuse, neighbours and acquaintances were reported as perpetrators as often, or more often, than other perpetrator types. However, the inclusion of neighbours and acquaintances had relatively little impact on neglect, with partners (62%) and other family members (51%) remaining the predominant perpetrators.

Table 6.7

Relationship of perpetrator to respondent, by type of mistreatment (broader definition)

All who experienced mistreatment in past year (broader definition)^a

| Relationship of perpetrator | Type of mistreatment | | | Any abuse (excl. neglect) % | Any mistreatment % |
|-------------------------------------|----------------------|----------------|--------------------------------------|--------------------------------------|--------------------------|
| | Neglect % | Financial % | Inter- personal ^b % | | |
| Partner | 62 | 9 | 31 | 23 | 35 |
| Other family | 51 | 35 | 20 | 25 | 33 |
| Close friend | 3 | 1 | 4 | 3 | 3 |
| Care worker | 13 | 20 | - | 7 | 9 |
| Acquaintance or neighbour | 11 | 35 | 45 | 41 | 33 |
| <i>Bases unweighted^c</i> | <i>27</i> | <i>24</i> | <i>38</i> | <i>61</i> | <i>85</i> |
| <i>Bases weighted^d</i> | <i>26</i> | <i>21</i> | <i>40</i> | <i>61</i> | <i>87</i> |

^a *Broader definition includes mistreatment involving neighbours and acquaintances.*

^b *Interpersonal abuse includes psychological, physical and sexual abuse.*

^c *Bases vary slightly, bases shown are for partner.*

^d *Weighting was used for summary categories (interpersonal abuse, any abuse excluding neglect and any mistreatment) to compensate for selection, ensuring that all perpetrators were represented if the respondent had experienced more than one form of mistreatment within a summary category (e.g. psychological and physical abuse).*

Notes and references

¹ The operational definitions of neglect and psychological abuse include a measure of frequency: to be included, both forms of mistreatment must have occurred ten or more times in a single year. It is therefore difficult to obtain reliable measures for the prevalence of these types of mistreatment since the age of 65.

² Household population estimates (excluding people living in institutions) from the Office of National Statistics (ONS) and the Northern Ireland Statistics and Research Agency (NISRA).

Discussion of results

- The 2.6% prevalence rate of mistreatment for older people living in the community is broadly in line with other international research.
- When neighbours and acquaintances are added to family, friends and care workers, the prevalence rate increases from 2.6% to 4.0%.
- Both of these are likely to be an under-estimate because of the conservative definitions used to measure mistreatment, and the absence of people in the survey with severe dementia or living in residential care.
- The problem of neglect stood out as the predominant type of mistreatment, followed by financial abuse. This is in contrast to the commonly assumed notion of “abuse” as physical violence.
- It may be the case that only a small proportion of cases of mistreatment are currently coming to the attention of Adult Protection services.
- Risk factors for neglect include: being female, aged 85 and over, suffering bad/very bad health or depression and the likelihood of already being in receipt of, or in touch with, services.
- The risk of financial abuse increased for: those living alone, those in receipt of services, those in bad/very bad health, older men, and women who were divorced or separated, or lonely.
- Risk of interpersonal abuse was higher for: women aged 66-74, men who felt lonely in the past week, and both men and women reporting three or more depressive symptoms. There was a higher rate of interpersonal abuse reported by women who were separated or divorced. Perpetrators lived in the same household in two-thirds of the cases, and in two-fifths of cases the respondent was providing care for them.

7.1 Introduction

The aim of this research was to explore the life experiences and well being of older people living in their own homes (including sheltered housing) in the UK in order to discover the extent of abuse and neglect. The research involved face to face interviews with over 2000 people aged 66 and over between March and September 2006. This was followed up by in-depth interviews with 36 people who had participated in the survey (which is reported on separately).¹

The prevalence survey component of the research focused on answering two questions:

- 1) How many people have been abused or neglected within the past year or since the age of 65?
- 2) What distinguishes those who have been abused or neglected from those who have not? In other words, what are the risk factors for mistreatment?

In this final chapter, the results of the survey are discussed in the context of other research and of what is known about current practice within the UK.

The importance of the research is, firstly, that the voices of older people have been heard throughout all stages of the project. They have been asked, and have reported on, their own experiences. Secondly, the sample of over 2000 respondents has been designed to be representative of all people aged 66 and over within the UK. This means that the prevalence estimates are robust, and can be reliably generalised to the whole population (within known limits of statistical confidence). Thirdly, a rigorous and transparent approach has been adopted for defining abuse and neglect, which brings the survey into line with other international studies. Fourthly, it addresses serious and significant problems being faced by older people. In-depth exploration of some of these problems is provided by the qualitative follow-up study, which also examined impact, coping strategies and reporting of the mistreatment.¹

7.2 UK prevalence rates

UK prevalence

A prevalence rate of 2.6% is equivalent to about one in 40 of the older population, that is about 227,000 people in the UK aged 66 and over (see Section 3.1). The statistical confidence limits suggest that the real figure will be somewhere between 159,200 and 322,600. As Lachs and Pillemer² wrote: "*a busy clinician seeing between 20 and 40 older people a day could encounter at least one clinical or sub-clinical victim of elder abuse daily*".

76% of those asked said that the effect on them was either serious (43%) or very serious (33%). This is therefore an important problem for some older people.

An obvious corollary of this 2.6% prevalence rate is that far more older people are *not* mistreated than are mistreated.

UK prevalence compared with other countries

While at the lower end of national estimates, 2.6% is in line with comparable international research. McCallum suggested in 1993 that 3% was "*a realistic expectation based on international evidence*".³ The only earlier study in Britain, by Ogg and Bennett,⁴ was based on very different definitions and employed a much smaller sample. The highest rate, for Amsterdam in 1994,⁵ estimated a prevalence rate of 5.6%.

Prevalence of mistreatment compared with other types of crime

Findings from the 2005/2006 British Crime Survey show that elder mistreatment is a comparable problem for older people to burglary (1.2% aged 65-74, and 1.5% aged 75 or over) or theft (0.2%

for men aged 65-74, 0.3% for men aged 75 or over; 1.5% for women aged 65-74, 1.3% for women aged 75 or over).⁶

7.3 A likely under-estimate of prevalence

The 2.6% prevalence estimate almost certainly errs on the conservative side for a number of reasons over and above the narrow definitions (e.g. perpetrators including only family, friends and care workers) that were adopted and the exclusion of care home residents. A *higher rate of mistreatment* can be hypothesised in non-respondents for a number of reasons. Some of the most vulnerable older people, for example, those with severe dementia, would not have been able to take part in the survey. Comijs et al⁵ in The Netherlands found that older women and people with bad health and cognitive problems were less likely to have responded to their survey. Similarly, the UK prevalence survey showed that poor health is associated with an increasing likelihood of mistreatment (see Section 3.6). It could therefore be expected that people excluded on grounds of health may be more likely to be mistreated. Some individuals who did not take part may have experienced mistreatment but may not want to dwell on it, and may feel emotions (identified in the focus groups) such as denial, shame and guilt. Yet others may have been fearful of the consequences of participating in the survey or someone close to them may have blocked their participation.

7.4 Prevalence since age 65 and international comparisons

Respondents were asked about mistreatment since they turned 65 as well as in the past year, for financial, physical and sexual abuse, involving family members, close friends and care workers. The reported prevalence of physical abuse doubled from 0.4% to 0.8%, and of financial abuse from 0.7% to 1.2%. The overall prevalence estimate increased to 3.4%, or about one in 30 of the older population. This compares with a prevalence of 3.2% in Boston, USA⁷ (although this survey excluded financial abuse) and 4% in Canada.⁸ The Canadian survey combined prevalence in the past year for psychological abuse and neglect with prevalence since age 65 for physical and financial abuse, making it directly comparable to the UK study's prevalence figure since age 65.

It might be thought surprising that the estimate did not increase even further. As pointed out in Section 6.2, if it were possible to measure neglect and psychological abuse since age 65, the overall estimate would undoubtedly be higher. Further possible explanations are that some potential respondents in this category (i.e. who had been mistreated since age 65) did not participate in the survey (i.e. they were non-respondents) or they had already died. Lachs found higher mortality rates among older people with corroborated mistreatment in a prospective cohort study in the USA.⁹ The UK survey found a significant association of mistreatment with bad health. Other explanations of the difference between the two estimates may be that mistreatment began only recently, or that respondents were unwilling to talk about, or to "resurrect", a more distant event, or that they had forgotten it.

7.5 Prevalence of mistreatment including neighbours and acquaintances

Using the broader definition that includes neighbours and acquaintances as “perpetrators” (but restricting mistreatment to the past year only), the prevalence rate increases from 2.6% to 4.0%, and the estimated number of people in the UK who have been mistreated increases to 342,400, or about one in 25 of the population aged 66 and over. The difference in the two estimates is explained by differences in reported *abuse*, rather than neglect, but with variations by gender and age. Most marked is the reported increase in interpersonal abuse. Overall, rates of interpersonal abuse increased from 0.1% to 0.6% for men, and from 1.6% to 2.7% for women; however, nearly all the increase is found in the 75-84 age group. When looking at perpetrators, neighbours or acquaintances become the largest group in relation to interpersonal abuse (45%) and account for the same proportion as “other family” (35%) in relation to financial abuse.

This raises questions about a definition of abuse that attempts to operationalise the idea of a “position of trust” by restricting its remit to family members, close friends and care workers. The remit of Adult Protection services takes in a much wider range of perpetrators. The current guidance lists: “relatives and family members, professional staff, paid care workers, volunteers, other service users, neighbours, friends and associates, people who deliberately exploit vulnerable people and strangers”.¹⁰ It can be argued that neighbours may increasingly be placed in a “position of trust”, or that whether someone trusts someone else is an empirical question and cannot be defined *a priori*. The qualitative component of the research explored this issue in some detail, by interviewing respondents who had experienced mistreatment by neighbours and acquaintances. There is a full discussion in that report of the limitations and restrictions of the definition adopted in the survey in the context of the substantial diversity that was uncovered and explored in the in-depth interviews.¹

7.6 How the prevalence estimate relates to adult protection cases

The proportion of mistreatment cases coming to the attention of social services is likely to be small. In the USA, it has been estimated that one in fourteen cases came to public attention.⁷ It is possible to come up with a rough estimate of the number of mistreatment cases referred to Adult Protection by applying the 2.6% prevalence estimate for England to the 2004 mid-year population figures at local authority level and compare the figure with Adult Protection records of older people living in the community who had experienced abuse or neglect. For example, among older people living in the community in Wakefield there were 39 referrals of mistreatment to Adult Protection involving family, friends and care workers in 2006.¹¹ This compares with the estimated 1,265 cases of elder mistreatment in the community in Wakefield (range from 827 to 1,925) obtained by assuming the prevalence is 2.6%. Similarly, in Hull and East Riding, there were 65 referrals in 2005/6.¹² Applying the prevalence estimate of 2.6% to the elderly population in Hull and East Riding suggests that 2,493 people (range 1,630 to 3,793) would be mistreated. Although these two areas are by no means representative of Adult Protection services across the UK, these figures do suggest that, in these two areas at least, only a very small proportion of cases (approximately 3%) are apparently picked up by Adult Protection services.

If we apply the prevalence estimates by age for England to a typical English county like Northamptonshire,¹³ we have the following results shown in Table 7.1. It is important to note that the confidence intervals are wide, so that the estimated numbers of people aged 85 and over who are likely to be mistreated ranges from a low of 118 to a high of 1,148.

Table 7.1

England prevalence estimate applied to the older population of Northamptonshire

| Age | Northants population | Estimated number mistreated (based on survey estimates) | 95% confidence intervals |
|--------------------|----------------------|---|--------------------------|
| 66 - 74 | 48,563 | 1,360 | 755 – 2,428 |
| 75 - 84 | 32,807 | 656 | 320 – 1,331 |
| 85 and over | 9,270 | 380 | 118 – 1,148 |
| <i>66 and over</i> | <i>90,640</i> | <i>2,350</i> | <i>1,537 – 3,577</i> |

7.7 The prevalence of different types of abuse

Our prevalence figures show **neglect** as the predominant form of reported mistreatment in the UK at 1.1%, followed by financial abuse (0.7%), physical and psychological abuse (both 0.4%) and sexual abuse (0.2%). Compared with surveys from other countries, these figures are lower for all types of abuse, but higher for neglect. We cannot say whether this reflects a genuine difference between the UK and the other countries for which we have data, or whether it is an artefact of survey methodology – for example, the possible inclusion in the other surveys of a wider range of perpetrators. Thus, when neighbours and acquaintances are taken into account, neglect barely increases, but financial abuse goes up to 1.0%, psychological and physical abuse to 0.7% each and sexual abuse to 0.5%.

The prevalence of neglect (1.1%) and financial abuse (0.7%) goes against the still common perception of abuse as physical violence. Relatively, we know much less about these forms of mistreatment.

Our estimates for physical abuse, which are low, are consonant with the results of the British Crime Survey⁶ (which has a weighted sample size of 12,000 older people). The 2005/2006 British Crime Survey, which asks respondents directly about their experience of crime, found virtually no domestic violence¹⁴ among men and women aged 65 and over. However, the survey did find that 57% of interpersonal abuse involved partners which suggests that this is a serious problem for a number of older people.

Although the prevalence survey included no examples of physical abuse involving a weapon in the past year, there were three cases of respondents being threatened with a weapon by a family member since they turned 65.

At first sight the prevalence figures for sexual abuse are alarming, but it is important to note that these reports are all at the less serious end of abuse and are more properly classified as harassment.

7.8 Identifying those at risk of being mistreated from those not at risk

Ideally, policy makers and practitioners would like to know the characteristics of mistreated people that distinguish them accurately from those who are not mistreated. In an ideal world, too, researchers would help them make these distinctions. However, in the context of the prevalence survey, a few key problems make this very difficult. Firstly, relatively few respondents in the survey reported mistreatment. The small numbers involved, while reassuring in one sense, make analysis of the data problematic. More cases are needed to enable the multi-variate analysis that would throw light on the relationships between all the various factors which contribute to the likelihood of mistreatment. We do not have enough cases in the survey to assess the differential contribution to being mistreated of sex, age, living arrangements, health status, etc. Secondly, the terms “abuse” and “mistreatment” bring together diverse scenarios under one “flag”. The prevalence survey bears out earlier research in finding that different types of mistreatment generally have different explanations; hence, there were very few respondents in the survey who experienced more than one type of abuse (see Section 3.3). Thirdly, mistreatment, as has been widely recognised, is the product of many complex factors. But again, when the analysis is examined by these other factors, as well as by type of mistreatment, the numbers are simply too small to untangle the complex picture. What can be said about risk is therefore limited.

In principle, however, we can distinguish three groups of factors, i.e. those relating to: the individual, the perpetrator and the environment. The findings from this survey provide some information on each, but predominantly on the individual.

Only one factor consistently emerged that distinguishes overall, and in relation to all types of mistreatment, those who have been mistreated from those who have not. That is *depression*. It cannot be inferred from the data whether mistreatment leads to depression or depression to mistreatment, so it is not necessarily a causal relation, but one of two factors occurring together. The average prevalence of depression in community samples has been estimated at 14.1% for older women and 8.6% for older men, but only small proportions of these receive treatment for their depression.¹⁵ The survey findings support other research in suggesting that depression is an important risk factor for mistreatment.^{5 16 17}

One factor not flagged up in other studies is that the level of reported mistreatment was notably high among those whose main job before retirement was in semi-routine or routine occupations, especially in comparison with small employers and own account workers who had consistently low rates of reported mistreatment.

7.9 Distinguishing people who have been neglected

Approximately one older person in a hundred reported neglect in the past year. Of these, 85% had not received help with a day to day activity (such as shopping, housework or meal preparation), 41% had not received help with personal care (such as getting in and out of bed, washing, using the toilet, dressing and eating), and 20% had not received help with taking medication at the right time or the

right dose. When the definition is broadened to include neighbours and acquaintances, there was very little change to this figure. Neglect dominates mistreatment figures for the oldest old (85 and over) but this is overwhelmingly a problem for women, for whom neglect increases sharply with age. Those in bad or very bad health were more likely to report neglect as were those who suffered from a limiting long-term illness. This is partly explained by the definition of neglect, which assumes that the respondent has dependency or disability related needs. Neglect is associated with poor quality of life and with depression.

Perhaps not surprisingly, since by definition they had dependency or disability related needs, women who were in touch with services were more likely to report neglect. While this raises the question of the extent to which the services themselves contribute to neglect through failures in delivery, our perpetrator data suggests that only a small proportion of neglect is by care workers. A more likely explanation is that services are simply insufficient to address the needs of the older people concerned.

Interestingly, although our numbers are very small, partners (closely followed by other family members) emerge as the main perpetrators of neglect. In this context, the age pattern for neglect is interesting, with a sharp rise for those aged 85 and over. One hypothesis is that the “partner effect” is positive up till the mid-80s, and after that disability in the partner sets in – either mental or physical or both – and neglect thereby increases. Thus what is being reported is not necessarily at all deliberate neglect, but rather the kind of neglect that comes about as a consequence of two people with increasing disabilities trying to support each other – and increasingly failing. The latest report from the Commission for Social Care Inspection¹⁸ outlines some of the difficulties for older people and carers, as local authorities increasingly tighten their eligibility criteria. The qualitative data also suggested that service failure was an important issue for some respondents.¹

In summary, the risk factors for neglect emerging from our research are general: being female, aged 85 and over, suffering bad/very bad health and depression and probably already in receipt of, or in touch with, services. Unfortunately, the data do not discriminate between those who are neglected and those who are not in a way that would allow resources to be targeted accurately at the neglected group.

7.10 Distinguishing people who have been financially abused

Financial abuse is the second most prevalent type, affecting roughly one older person in every 150. Financial abuse increases with age for men, a pattern not seen for women. These findings are in line with those found in other studies.^{5 19} The survey supports earlier research in finding that financial abuse is significantly more prevalent for people living on their own. Divorced/separated women are also at higher risk. Both men and women in bad/very bad health report higher rates of financial abuse, but the association does not hold for limiting long-term illness. Women who reported being lonely were more likely to experience financial abuse, but this was not found for men. Both men and women who were in receipt of home care services or in touch with professionals were more likely to report financial abuse.

Financial abuse also displays a quite different pattern in relation to what we know about perpetrators (although we only have small numbers to go on). The survey confirmed other work that family, other than partners, are the most common perpetrators. The survey results also suggest that care workers may commit around 30% of financial abuse. (However, if neighbours and acquaintances are included, they are equal to other family members as the most common perpetrators of financial abuse, see Section 6.3.) Perpetrators of financial abuse tended to be in the 16-64 age range and in paid employment. 25% lived with the respondent and the same proportion received care from the respondent. Although just over one-quarter have no obvious problems, one-third were described as having financial, relationship, alcohol or gambling problems (as respondents could give more than one answer, there could be overlap here). This contrasts with other research and suggests that there may be more pathology around financial abuse than is sometimes thought.

In summary, the risk factors are: those living alone, those in receipt of services, those in bad/very bad health, older men, and women who are divorced or separated, or lonely. But the very limited data on perpetrators suggest that the driving force in much financial abuse may be the problems that the perpetrator suffers from.

7.11 Distinguishing victims of interpersonal abuse

The prevalence of interpersonal abuse (psychological, physical and sexual) is low and the small numbers make it difficult to draw reliable conclusions about risk. These three types of abuse are more likely to be under-reported because of the factors already highlighted (Section 7.3.). Unlike neglect and financial abuse, it is dominated by women aged 66-74. It virtually disappears among those aged 85 and over (unless neighbours and acquaintances are taken into account, when there is a low prevalence – see Section 6.3). In contrast with other research findings, there is little difference in interpersonal abuse between those living alone and those living with others. Interpersonal abuse was significantly higher for men who felt lonely in the past week and significantly more prevalent among both men and women reporting three or more depressive symptoms. A marked finding was the higher rate of interpersonal abuse reported by women who were separated or divorced. Although the base is small, 7.8% reported interpersonal abuse in the past year (and 15.4% reported any mistreatment). Allied to the higher rate among women aged 66-74, this suggests that “domestic violence” may remain a force in some women’s lives, even when they are no longer living with their partner (although of course they could have moved out during the past year). Unlike other research, where there have been clear indications of pathology in the perpetrators of interpersonal abuse, this surprisingly did not emerge, although rather over one-quarter of respondents said that the perpetrator had relationship problems. What does emerge is that the perpetrator lived in the same household in two-thirds of the cases, and in two-fifths of cases the respondent was providing care for them. 75% of perpetrators of interpersonal abuse were aged 65-74 and 80% of them were men. The implication, allied with the data on living arrangements is that they are either “*the elderly graduates of domestic violence*”²⁰ or that they have a condition, like dementia, that sometimes gives rise to aggressive or challenging behaviour – or both.

7.12 Suggestions for further research

This study of community prevalence could be supported by a future programme of research. The following topics are suggested:

- specific sub-groups, examining the differences in those sub-groups between people who are, and those who are not, mistreated. Some such groups, like the carers of people with dementia, have been the topic of research around abuse;^{20 21 22} others, like older divorced women or people with depression, have not;
- the relevance of economic factors and socio-economic status;
- processes that drive interpersonal and financial abuse, e.g. long standing relationship problems, mental illness, dementia, alcohol and drugs;
- “model” interventions, e.g. peer counselling and support; one stop advice and information services; and outcomes;
- prevalence among black and minority ethnic older people.

7.13 Summary and conclusions

The survey findings suggest that the problem of abuse and neglect of older people in the UK is comparable with that in other Western societies. While the estimated prevalence of 2.6% may appear low, it translates into a significant number of older people who have experienced, or are continuing to experience, a problem which may have serious effects on their health and well-being. Moreover, there are good reasons for thinking that our estimate is conservative and that some mistreated people, including some of those who are most vulnerable, will not have been included in the survey.

Once wider groups such as neighbours and acquaintances are added, this figure rises to 4.0% and draws attention to the possibility of “social” forms of abuse beyond the areas of family and caring that have traditionally been looked at.

An encouraging finding from the research is the extent to which older people who are living in the community, regardless of mistreatment, have regular social contact with friends and family outside the household. That is, the survey findings question the view that those who are mistreated are necessarily socially isolated. Another positive finding is the extent to which people sought help. Nearly three in four of those experiencing mistreatment including neglect sought help or reported it. They were equally likely to tell a family member or a friend or a health professional or care worker. Those experiencing abuse (excluding neglect) were nearly twice as likely to seek help from a friend or family member than from a health professional or care worker. The findings also suggest that a number of mistreated people are in touch with services (see Section 3.7), but only a very small fraction feature in Adult Protection statistics; we estimated that perhaps only 3% of mistreatment cases in the community feature in Adult Protection records (see Section 7.6).

Questions may also be raised about whether neglect is usefully addressed under the “umbrella” of mistreatment. There are important distinctions to be made between the absence of a carer, the difficulties that a carer may have in coping, the presence of someone in the household who may be ill-equipped for whatever reason to provide care, and someone who is wilfully neglecting the older person. Findings from the survey and the qualitative follow-up interviews suggest that the latter type of perpetrator is rare. The finding that four out of ten of those who suffered interpersonal abuse were

providing care for the perpetrator raises issues about the support of carers and the ability of support services to address these complex issues and to provide in-depth support.

A conclusion that can be drawn from these final comments is that older people can be cast too much in a role of dependency and frailty, and needing to be rescued. In many instances, at least as suggested by the survey, older people are struggling with complex interpersonal or social circumstances where there may not be a simple, legalistic solution. Better prevention with earlier intervention, more choice with a stronger voice, tackling inequalities and improving access to community services, and more support for people with long-term needs, would all be part of the picture in working toward an abuse-free world. If these aspirations were realised, much of the mistreatment reported in this research might be addressed and prevented in future.

Finally, while this study is an important starting point, it is also the end of a story. For many years there has been a call for facts about numbers of abused older people. This has had the effect of providing an excuse for lack of services while we wait for the facts to emerge. We now know that there is mistreatment of older people, we have a modest pointer to those at risk and we are increasing our understanding of factors contributing to mistreatment. Research on responses is far less developed. We now should move to determining which responses work. We owe this to those who have had the courage to report their experiences and to other older people, as well as the many practitioners who have been left to devise their own response and would clearly welcome an evidence base from which to develop practice and services.

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¹¹ Data kindly supplied by the Adult Protection Officer, Dennis Appleyard.

¹² Some of these may have involved neighbours and acquaintances; data kindly supplied by the Adult Protection Coordinator, John Curry.

¹³ Age data for Northamptonshire kindly supplied by Senior Research Officer, Dr John Woolham.

¹⁴ In 2005/2006 the British Crime Survey defined domestic violence as any violent incident involving a partner, ex-partner, household member, or other relative. See Walker A, Kershaw C, Nicholas S. Crime in England and Wales 2005/6. Home Office Statistical Bulletin. Office of National Statistics, 2006.

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